

Calaveras County

# OUR CHILDREN, OUR COMMUNITY



## The State of Children and Youth in Calaveras County

An Assessment of Strengths and Challenges  
Affecting the Well-being of Our Children

January 6, 2003

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### 1. EXECUTIVE SUMMARY

#### *Background*

In 1998 California voters passed Proposition 10, which imposed a fifty cent per pack state sales tax on cigarettes, to be utilized for promoting, supporting and improving the development of young children. Each county was required to establish a Children and Families Commission (known locally as First 5 Calaveras) to develop, implement and administer a strategic plan for local expenditure of this money. Through the extensive planning process that was undertaken, a need was recognized for a more comprehensive “10 year Master Plan for Children” that would guide our county in addressing the needs and priorities of **all** children, not just those in the 0-5 age range covered by Prop.10 funding. To enable the creation of such a plan, First 5 Calaveras sought and obtained a grant from The California Endowment to cover inclusion of children from 5-18 years of age. **Our Children, Our Community** is a result of this funding partnership.

Our Children, Our Community is a countywide commitment to ensuring that Calaveras County remains a great place to raise a family. It will include a plan to partner with families and communities throughout the county in raising children that are safe, healthy, and successful in school. The plan will address the health, development and support needs of children and youth all the way from the prenatal stage to age 18. Earlier plans have focused on specific age ranges such as children age 0-5 or specific issues like child care and health care. This is the first time that a plan has addressed all children and youth and all families with children in a comprehensive way.

In order to plan for the future, it is important to get as complete a picture as possible of the strengths, resources, needs, desires, and interests that affect children, youth and families in Calaveras County. An intensive process to create such a picture was conducted from August to December 2002. There were three main aspects of this process:

- ◆ Nineteen youth and adults were trained as Community Advocates. The advocates then met with local organizations, groups and residents throughout the county to ask important questions: What would the community need to be like to do the best possible job of growing healthy children and families? What resources and strengths are already in place? What are the biggest problems or challenges facing children and youth? What are some potential solutions to those challenges? These discussions formed a solid picture of interests, strengths, and needs from the perspective of area residents. In all, outreach and contacts were made with sixty-three community groups and businesses.

This outreach resulted in feedback and opinions collected from 179 residents via surveys and presentations.

- ◆ An extensive amount of relevant information was already available within the county, contained in plans and studies sponsored by various organizations in the past five years. In order to leverage this existing information, avoiding unnecessarily duplication of work already done elsewhere, numerous organizations – County agencies, nonprofit service providers, business groups, school districts, and others – were contacted to request available data and reports. Thirty-one documents were received, analyzed, and incorporated into this report. Additional research was then conducted to obtain the most current publicly available data on issues such as county demographics, health status, crime, and education.
- ◆ One-on-one interviews and small group discussions were conducted with professionals who work most closely with children, youth and families in order to get their perspectives about strengths and challenges affecting children and youth, and to validate (or invalidate) what was learned from analyzing the available data. Surveys were collected from the 139 health, social service, early care and education, primary/secondary school education, law enforcement, and other professionals that participated in this effort.

This report contains the combined results of all of these community outreach and data collection activities. First and foremost, it is intended to provide a picture of “what is really going on” with children and youth in Calaveras County that is as complete as possible so that informed choices can be made regarding how to better support children, youth and families in the future, while taking into account the unique strengths and challenges in each community. It is also hoped that organizations and groups working with children and youth will find this to be a useful study, as will anyone interested in learning more about forces affecting the current and future well being of children and youth.

A summary of the most significant findings from the outreach activities is presented in this executive summary. The rest of the report contains more detailed information, organized into several main sections. Section 2 explores the demographics and economic status of Calaveras County, since changes in the county’s population and economy can profoundly affect all residents. Section 3 describes the existing strengths and resources found in communities all over the county that form a solid foundation for supporting children and youth. In section 4, opinions of residents about problems or challenges facing children and youth are presented, followed by analysis of many dimensions of community well being such as health, food security, housing, education, crime, family safety, child care, and other issues. Section 5 presents what people said about their vision for the future of their community – their hopes and dreams for what the community will be like five or ten years from now. Section 6 concludes with a summary of gaps in information that still exist, which may be addressed through additional data collection activities.

## ***Summary of Findings***

It is helpful to have a snapshot of the county's economic and demographic situation in mind, as the picture helps put responses from the community outreach process into context. A few items to note, which are described in greater detail in the full report, are presented here.

The county is growing rapidly, especially on the west side where many residents commute to work in the San Joaquin Valley and the Bay Area. This results in families spending long periods of time away from each other, causing children to be raised by adults other than their parents.

The local economy's emphasis is now more focused on tourism, local services, and farming; most areas of the county are experiencing difficulty in creating and maintaining a strong economic base.

The county's unemployment rate has been dropping steadily for over five years, declining from 9.0% in 1997 to 5.7% in August 2002. Highest unemployment rates for the county in 2001 were in the Murphys and San Andreas areas (7.7% and 7.0%, respectively), and lower rates were in Angels Camp area (5.5%).

California's median family income in 1999 was \$47,379. Within Calaveras County the median family incomes varies widely, as follows:

- Angels Camp, Murphys, Rancho Calaveras, Valley Springs, Arnold, and Dorrington all showed median family incomes of \$49,805 - \$51,882 in 1999.
- Rail Road Flat, Glencoe and Wilseyville had a significantly lower median family income of \$35,491 in 1999.
- San Andreas, Mountain Ranch and Sheep Ranch was not much higher with a median family income of \$39,649 in 1999.

In 2000, the county had a total of 4,928 households with a total of 9,248 children under 18 years; representing almost 23% of the total population. Almost 16% of people living in households with a child under 18 years old were below the poverty level. West Point / Rail Road Flat area representing 33.7% of that population, and Copperopolis and surrounding areas, representing 20.1%, had the highest rates of people living below the poverty level.

Job growth in the county is expected to occur in higher-paying positions that also carry higher education and skill requirements, such as accountants, engineers, computer science positions, teachers, librarians, and health care professionals.

Although small businesses are predominant in the county, the largest employers are the Calaveras County Office of Education with 946 employees, Calaveras County Government with 380 employees, and Mark Twain St. Joseph's Hospital with 248 employees.

The main positives that are used to attract businesses to the county are the excellent quality of life, relatively affordable housing, 30-60 minute access to the Highway 99 corridor, and similar access to various college and university locations. These are some of the same factors that attract people to the county to raise families.



Residents also appear to want economic growth only to the extent it fits with the way of life in Calaveras County; ensuring economic development is compatible with their rural environment, and that economic growth is not more important than the environment.

### **What do community members consider Calaveras' strengths and assets?**

Calaveras residents consider the county's geographic diversity, its caring and committed communities, the individuality of its people, and the relative isolation from the problems that plague larger, more centralized areas of California as strengths. Qualities such as the communities' concern for and interest in children; citizens' willingness to get involved and volunteer time and energy; and, the small-town, rural nature of the communities are important to residents.

Specific to other community resources and/or strengths, both residents and service providers identified a number of government and nonprofit services, after school programs, community programs (e.g., Kids Place, Teen Challenge, 4-H, etc.), and support groups.

Also identified as strengths were a variety of assets scattered throughout the different communities in the areas of:

Arts & Entertainment	Health Related	Senior
Business Organizations	Mutual Support	Service Clubs
Charitable	Parent Groups	Special Interest
Civic	Recreation/Outdoor	Sports Related
Education	Religious	Youth Group

Volunteers are also considered an important resource and asset to the well-being of children and youth, although limited data exists about the number of individuals and extent to which they volunteer throughout the county. However, results for a 1999 survey done for the Calaveras Community Renewal Project, and the community outreach conducted for the Our Children, Our Community (OCOC) assessment indicate that there are untapped volunteer resources.

For example, almost 9% of the OCOC outreach contacts indicated they would be willing to volunteer their time to:

- Help develop the 10-year master plan, or
- Volunteer expertise and services to benefit children and youth, ranging from contributions in teaching, tutoring and supervising academic subjects, sports, music, performance and visual arts, to supporting families through parent support and education, financial management training, and donating food, clothing and holiday items.
- A few people also indicated they would be willing to lend their expertise toward fund raising, marketing and general office support.

There are a wide variety of programs and services in place to help children, youth and their families. In order to determine how community members viewed these programs and services,

residents and service providers were asked to indicate what additional services, resources or actions are needed to address their concerns about the well being of children and youth. Answers to this question revealed that providers and residents had a fairly good understanding of what was available. Each group had recommendations for how to improve on existing services, as noted below.

Providers' top three recommendations for improving services for all ages of children, noted in order of importance were to:

1. Provide health and human services that address needs of children and youth (33.7%)
2. Provide recreational facilities, activities and programs for youth that are open after school, evening hours, and during the summer (15.1%)
3. Address issues related to the cost of living and working in the county – specifically lack of jobs and cost of housing (15.1%)

Residents' top three recommendations for improving services for all ages of children, noted in order of importance were to:

1. Add new and/or improve existing recreation facilities and activities for youth (23.1%)
2. Ensure necessary programs, services and resources were provided to children and youth (17.6%)
3. Make improvements in the area of education for all ages of children 12.6%

Specific suggestions for improvements in the area of recreational opportunities ranged from new and/or improved facilities such as skate parks, theaters, and arcades to programs and events such as arts, group meetings, sports and other youth programs. Suggestions for additional programs or services included providing prevention, early identification and treatment for all age groups of children and youth related to physical, mental and dental health as well as shelters, drug prevention, intervention and treatment programs, etc. In addition, access and affordability need to be addressed. Education improvements ranged from increasing the availability of quality, affordable early education and care options for all income levels, expanding before and after school programs and activities, offering tutoring programs, establishing higher education standards, and improving relationships between the schools and the communities.

Before a community can determine what action steps it should take to improve the overall well-being of children and youth, it is necessary to have an understanding of the problems and challenges. Community members were specifically asked to identify the conditions and/or challenges facing Calaveras' children and youth. When responses by residents and services providers for **all children** in the county were compiled and averaged, the descending order of concern were:

1. Lack of facilities and supervised activities, recreation, and social interactions for children, youth, and their families (23.5%).
2. Use and abuse of alcohol, tobacco and drugs (15%).
3. Current number and location of education facilities, opportunities (early education, vocational, adult learning), and relationships between schools and the community (13.5%).

4. Access and availability of medical, dental, and mental health providers and facilities (7.5%).
5. Low levels of parent involvement and participation with their children, schools and the larger community (7.5%).
6. Need for increased community involvement, leadership, support and funding to create, provide, and maintain the services and other help resources needed by children and youth (7.5%).
7. Cost of living, availability of good paying jobs, and the cost of housing and rentals (7.5%).
8. Insufficient public/other transportation options and isolation of the communities (5.5%).
9. Child abuse, neglect and domestic violence (5%).
10. Increasing involvement/contact with law enforcement (3.5%).

Other concerns noted to a lesser degree were: lack of diversity and exposure to different cultures; non-acceptance of youth presence; harm, injury and/or death due to unsafe environments; lack of awareness of existing resources; unplanned growth; and lack of follow through and confidence in public agencies and leadership.

When the countywide concerns of residents and providers are segregated into specific age ranges, and concerns from both groups averaged, a different ranking of issues emerges. Using the same categories of concern as above, the **combined** concerns of residents and service providers in descending order of concern is shown in the table below:

<b>Children Ages 0-5</b>	<b>Children Ages 6-13</b>	<b>Children Ages 14-18</b>
Lack of facilities and supervised activities. (17.1%).	Lack of facilities and supervised activities. (26.5%).	Lack of facilities and supervised activities. (25.4%).
Education facilities, opportunities, and relationships (16.2%).	Use and abuse of alcohol, tobacco and drugs (15.4%).	Use and abuse of alcohol, tobacco and drugs (17.8%).
Access and availability of medical, dental, and mental health providers and facilities (10.7%).	Education facilities, opportunities, and relationships (13.9%).	Education facilities, opportunities, and relationships (11.5%).
Low levels of parent involvement (10.2%).	Access and availability of medical, dental, and mental health providers and facilities (7.5%).	Cost of living (7.7%).
Cost of living (9.5%).	Low levels of parent involvement (7.2%).	Need for increased community involvement and contribution (7.1%).

Children Ages 0-5	Children Ages 6-13	Children Ages 14-18
Use and abuse of alcohol, tobacco and drugs (9.4%).	Need for increased community involvement and contribution (7.1%).	Low levels of parent involvement (6.7%).
Need for increased community involvement and contribution (7.6%).	Cost of living (5.8%).	Access and availability of medical, dental, and mental health providers and facilities (6.5%).
Child Abuse, neglect and domestic violence (6.9%).	Transportation options and community isolation (5.5%).	Transportation options and community isolation (5.9%).
Transportation options and community isolation (5.2%).	Child Abuse, neglect and domestic violence (4.7%).	Child Abuse, neglect and domestic violence (4.2%).
Involvement/contact with law enforcement (2.6%).	Involvement/contact with law enforcement (3.4%).	Involvement/contact with law enforcement (4.2%).

However, within the overall areas of concerns for children by age group, residents and service providers weight their concerns differently when looking at a particular age group. For instance, when considering only residents' responses for children ages 0-5, access to medical, dental and mental health services is replaced by parent involvement as the third largest concern. A breakout the top three of concerns expressed by residents and providers is presented here.

Residents' Concerns	Providers' Concerns
<u>Children ages 0-5</u> 1. Availability and access to facilities and activities for children in this age group the most pressing concern (20.2%). 2. Education and learning opportunities (17.7%) 3. Parent involvement, Cost of living, and Child abuse and domestic violence (8.1% each)	<u>Children ages 0-5</u> 1. Education and learning opportunities (14.7%) 2. Availability and access to facilities and activities for children in this age group the most pressing concern (14.0%) 3. Parent involvement (12.3%)
<u>Children ages 6-13</u> 1. Availability and access to facilities and activities for children in this age group the most pressing concern (30.8%) 2. Alcohol, tobacco and drug use (16.2%) 3. Education and learning opportunities (10.9%)	<u>Children ages 6-13</u> 1. Availability and access to facilities and activities for children in this age group the most pressing concern (22.2%), 2. Education and learning opportunities (16.8%) 3. Alcohol, tobacco and drug use (13.9%)

Residents' Concerns	Providers' Concerns
<p><b><u>Children ages 14-18</u></b></p> <ol style="list-style-type: none"> <li>1. Availability and access to facilities and activities for children in this age group the most pressing concern (28.4%)</li> <li>2. Alcohol, tobacco and drug use (20.3%)</li> <li>3. Education (9.8%)</li> </ol>	<p><b><u>Children ages 14-18</u></b></p> <ol style="list-style-type: none"> <li>1. Availability and access to facilities and activities for children in this age group the most pressing concern (22.5%),</li> <li>2. Alcohol, tobacco and drug use (15.3%)</li> <li>3. Education and learning opportunities (13.1%)</li> </ol>

Yet a different picture emerges when concerns for children are further segregated into specific community groups. For instance, when viewed at the community level, facilities and activities is no longer the number one issue for three of the seven communities. Murphys and the Rail Road Flat group of communities (West Point, Mountain. Ranch, Sheep Ranch and Wilseyville) are more concerned with alcohol, tobacco and drugs than facilities and activities. And San Andreas and Mokelumne Hill are more concerned about education.

A detailed view of the various communities' perspectives is presented in the full report.

Once the communities identified the qualities and characteristics that make Calaveras a great place to raise children, and also identified the concerns and issues needing to be addressed, they were asked to describe their vision for the future. Six broad theme areas emerged, which will need to be further refined as the community moves forward to develop its 10-year master plan for children. Those themes are contained in the full report, and repeated here:

1. **Improved/expanded schools and education opportunities.** The education system would address the needs of the county's youngest children and provide ongoing learning opportunities for youth and adults. There would be schools in each community, and they would address the different learning styles and needs of residents. School facilities would be used more broadly by the communities for meetings and as places where youth could congregate and participate in non-school related activities. Educational standards would be high and students would have links with the community via mentoring, internships and volunteer activities.
2. **Facilities and activities for children, youth, and families.** Each community would have recreation and/or cultural facilities where families and their children could participate in a wide variety of activities. These community centers would meet the needs of children of all ages and be open throughout the year. Parks and other recreation options (skateboard parks, movie theaters, etc.) would be in place throughout the county. And children and youth would be able to access these facilities by using safe and reliable public transportation options.
3. **Available, affordable, accessible human service programs and resources to support children/families.** Individuals and families would have easy access to needed resources and supports, either through locally based services or home visiting programs. Eligibility

for assistance would be expanded so that the any family needing assistance in providing for and raising a family could participate. Programs and services would be well staffed and funded, and be offered based on the real needs of the county's residents.

4. **Available, affordable, accessible medical, dental, and mental health services, including prevention/treatment services.** There would be a variety of medical, dental and mental health providers available throughout the county that accept Medi-Cal and other insurance. Preventative care would be the norm, and the early identification of health related issues would result in care being provided in a timely manner. Families would have the ability to pay for services, either through insurance programs, or because services were affordable. A variety of prevention, intervention and treatment options would be available and no children or youth would go without needed services.
5. **Planned growth resulting in increased job opportunities and higher compensation while retaining the small town atmosphere, traditions and safety enjoyed currently.** The quality of life in Calaveras County would be preserved at the same time as residents are benefiting from increased job opportunities and higher wages resulting from planned growth. The infrastructure to support growth, including affordable housing, transportation, and additional public service resources would be built and maintained as the county grows at a slow, measured pace. And, all the while the friendly, caring nature of the communities would be maintained and the natural beauty and resources protected.
6. **Countywide collaborations to pool existing/available resources.** The existing resources and talents of Calaveras County would be used together to achieve results. Turf issues would not exist and communities would work together to leverage all available resources, rather than categorically funding and operating programs and services (e.g., children's services, senior services, disability services, etc.). Communities would focus on their collective assets rather than deficits and look for unique partnership opportunities to meet existing and emerging community needs.

While more work remains to be done, it is clear from the level of community input and concern throughout the assessment process that a very positive and bright future is possible for the children and youth of Calaveras County. And that the vision can be accomplished by building on one of the mainstays of the county – people working together for the greater good of their community.

## 2. COUNTY DEMOGRAPHIC AND ECONOMIC PROFILE

This section provides an overview to the geography, residents, and economics of Calaveras County with special emphasis on children, youth, and families with children.

### ***Area Description***

Created in 1850, Calaveras is one of California's original 27 counties. What defines Calaveras County more than any fact or figure is its dramatic beauty, history, and the strength of its residents. It is home to the Giant Sequoia and the rich human history of Mark Twain and the Gold Rush era; indeed, the county's heritage dates from the Gold Rush era, with over 9 million ounces of gold mined from its land.

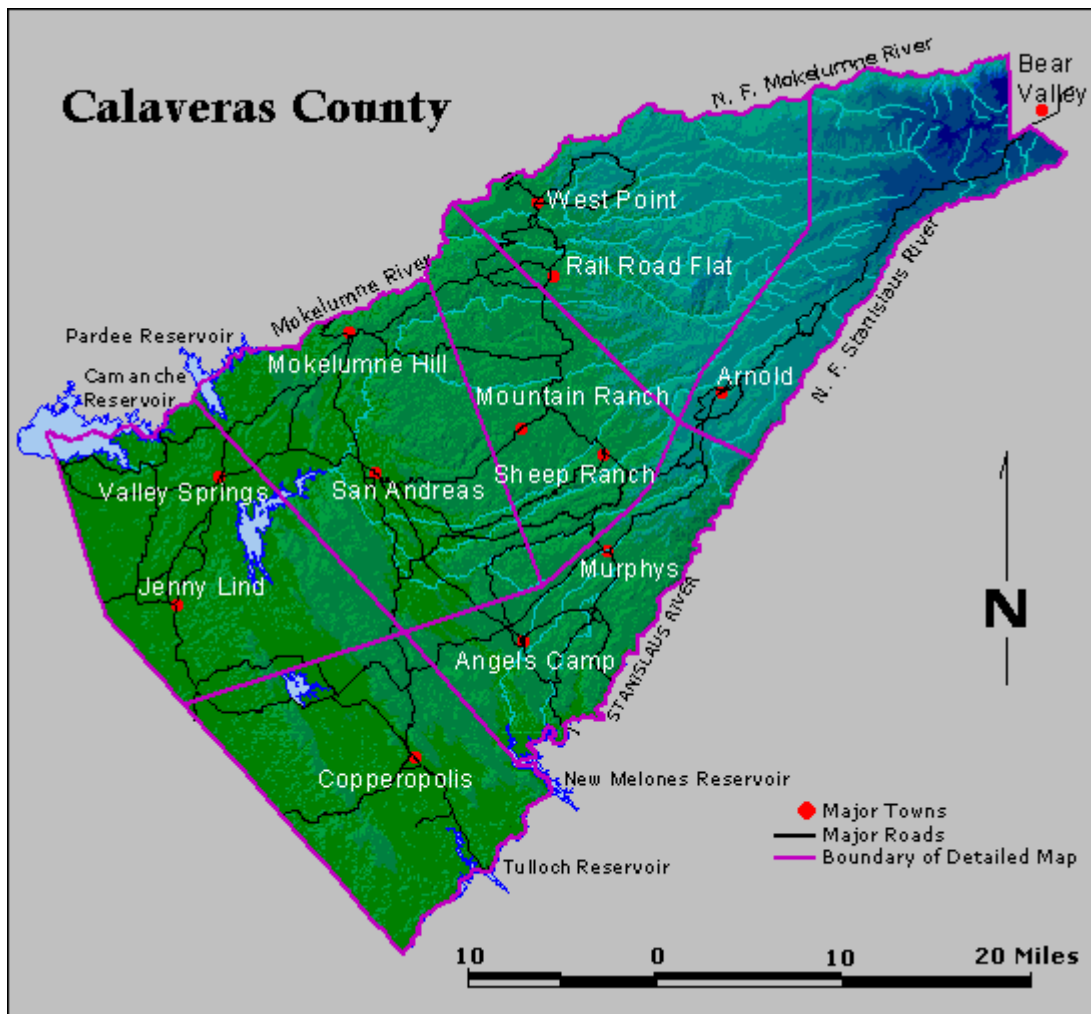
Located in the foothills of the Sierra Nevada Mountains, Calaveras County's 1,036 square miles range from expansive ranch land near sea level to rolling foothills to high Sierra peaks over 8,000 feet high. The Stanislaus River and New Melones Lake form a natural border to the south, while the Mokelumne River bounds the county to the north.

Its geographic diversity has also fostered communities and people that pride themselves on individuality and isolation from the problems that plague larger, more centralized areas of California. One way in which the county is unique is that there is no central economic hub or "core" to bring county-wide residents together. Instead, there are many population centers of 500 to 4,000 people a piece scattered around the county, with business activities similarly dispersed. These communities are often separated by many miles of winding two-lane roads through hills and mountains.

Portions of the county are now undergoing changes at a rate perhaps unprecedented since the end of the Gold Rush. The population is growing rapidly, particularly in the western portion of the county, which increasingly acts as a "bedroom" community for many people who commute to work in the San Joaquin Valley and the Bay Area. The long distance workers also create a phenomenon where families are spending long periods of time away from each other and children are being raised by adults other than their parents. This is a sociological change from previous Calaveras generations. Where community residents once worked and raised their families together, today area residents often do not know their neighbors.

The local economy has also changed, shifting away from mining and logging and toward greater emphasis on tourism, local services, and farming. This transition has been difficult, with most areas of the county experiencing difficulty in creating and maintaining a strong economic base.

Despite these challenges, the many assets found in Calaveras County indicate that a very positive future is possible by building on one of the mainstays of the county – people working together for the greater good of their community.

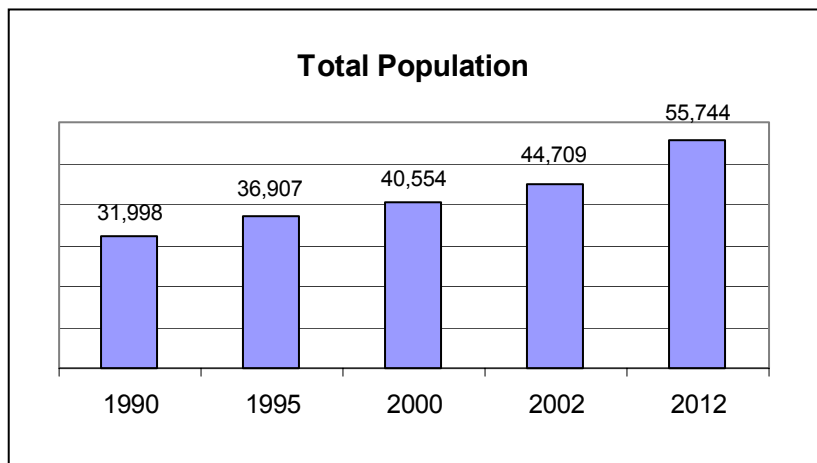


## Population Profile

This section summarizes key demographic attributes of the population of Calaveras County.

### TOTAL POPULATION

Population levels were 31,998 in 1990, 36,907 in 1995, and 40,554 in 2000, according to US Census and California Department of Finance figures. The total population grew by over 26% during the 1990's, growing very quickly (by 19%) from 1990 – 1995 and more slowly (by 7%) from 1996 – 2000.





The California Department of Finance projects that the county's population will reach 44,709 by the end of 2002 and will continue to grow at an annual compounded rate of 2.2%, reaching a population of 55,744 by the year 2012.

## POPULATION BY LOCATION / COMMUNITY AREA

The chart below shows where people lived within Calaveras County in 2000, according to the US Census, along with the number of children and youth in each area.

	<u>All Ages</u>	<u>Under 18 Years</u>
Angels Camp	3,004	729
Arnold	4,218	795
Avery	672	149
Copperopolis	2,363	543
Dorrington	727	118
Forest Meadows	1,197	217
Mokelumne Hill	774	168
Mountain Ranch	1,557	291
Murphys	2,061	408
Rail Road Flat	549	107
Rancho Calaveras/ Jenny Lind	4,182	1,182
San Andreas	2,615	634
Vallecito	427	95
Valley Springs	2,560	697
Wallace	220	49
West Point	746	182
All others	12,682	2,884

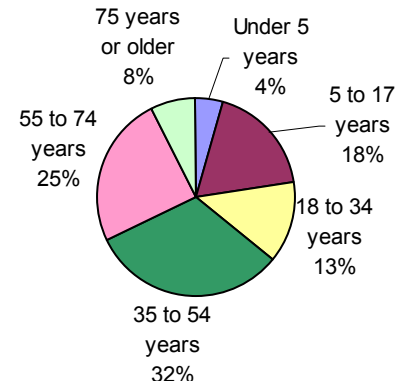
*In 2000, the highest concentrations of children and youth as a percentage of the total population were in the Rancho Calaveras / Jenny Lind (28.3% of the total population is under 18 years old), Valley Springs (27.2%), San Andreas (24.2%), West Point (24.4%), and Angels Camp (24.3%). Conversely, persons under 18 made up less than 19% of the total population in the communities along the Highway 4 corridor from Forest Meadows to Dorrrington.*

*It is also worth noting that over 31% of county residents live in rural areas outside of the established towns.*

## AGE

	<u># of People</u>	<u>% of Total</u>
Under 5 years	1,791	4.4%
5 to 9 years	2,527	6.2%
10 to 14 years	3,107	7.7%
15 to 19 years	2,660	6.6%
20 to 24 years	1,390	3.4%
25 to 34 years	3,117	7.7%
35 to 44 years	5,957	14.7%
45 to 54 years	6,865	16.9%
55 to 64 years	5,767	14.2%
65 to 74 years	4,324	10.7%
75 to 84 years	2,400	5.9%
85 years and over	649	1.6%

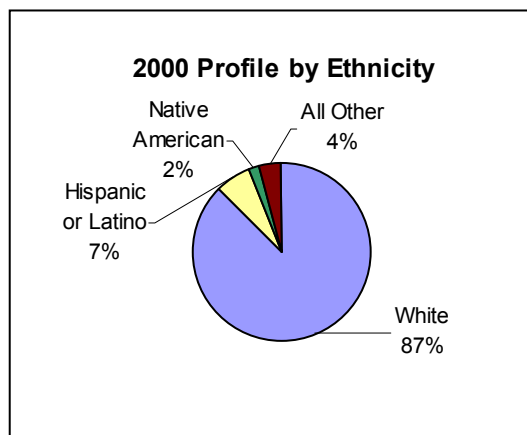
**2000 Profile by Age**



The total number of children and youth under age 18 in 2000 was 9,248 or almost 23% of the total population. In general, the county's population is much older than most other parts of California. The median age is 44.6 years, which is 11 years older than the median age for the state as a whole. In addition, 10,182 residents or 25% of the total population are age 60 or over.

## ETHNICITY

	<u># of People</u>	<u>% of Total</u>
White alone	35,465	87.5%
Hispanic or Latino	2,765	6.8%
Native American	705	1.7%
Asian or Pacific Islander	383	0.9%
Black or African American	304	0.7%
Multiple races and all other	932	2.3%

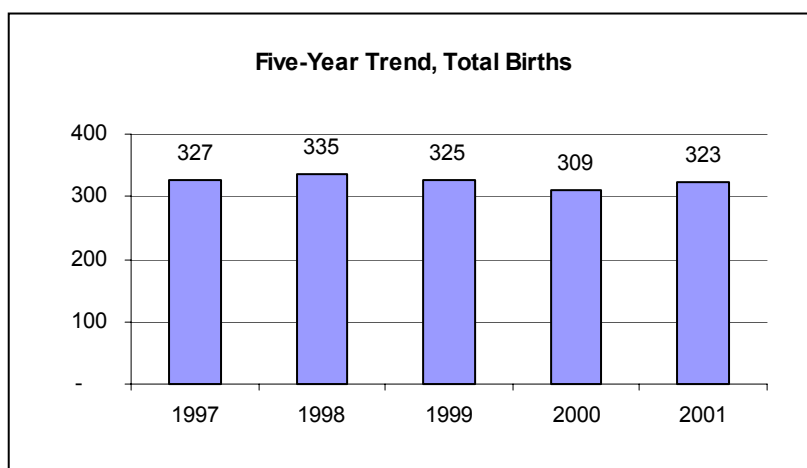


The ethnic mix in the county is clearly changing. In 1990, there were 1,714 Hispanic or Latino persons, representing 5.4% of the total population. Between 1990 and 2000, the number of Hispanic or Latino persons grew 61%, more than double the growth rate of the overall population.

In 2000, the highest concentrations of Hispanic or Latino persons were in Valley Springs (10.7% of the total population), Rancho Calaveras / Jenny Lind (10% of total), Copperopolis (8.5% of total), Angels Camp (8% of total), and West Point (8% of total). The California Department of Finance projects that the county's Hispanic population will more than double in the next ten years, reaching 5,707 people or 10.2% of the county's total population by the year 2012.

## BIRTH RATE

There were 323 births in 2001 to mothers residing in Calaveras County. The birth rate has been extremely stable for the past six years, despite a steadily growing overall population. Most births occur in hospitals outside of the county; for example, data for the first six months of 2002 shows that only 24% of births to Calaveras County residents



occurred at Mark Twain St. Joseph's Hospital in San Andreas, while 31% of the births were at Sonora Community Hospital and the remaining 45% were in hospitals in Jackson, Lodi, Stockton, Sacramento, and other locations in San Joaquin County and the Bay Area.

## HOUSEHOLDS WITH PERSONS UNDER 18 YEARS OLD

In 2000, there were a total of 4,928 households with children under 18 years. Of these, 3,436 (70%) were married-couple families, 1,415 (29%) were single parent households, and 77 (1%) were other forms of households. Other key facts about households with children derived from US Census 2000 data are:

- 70% of the single parent households had a female householder with no husband present, while the other 30% had a male householder with no wife present.
- 627 children were living with their grandparents, 143 were living with other relatives, and 297 were living with non-relatives. This adds up to 1,067 children or 11.5% of all persons under age 18 living in households without their parents.
- The number of children and youth ages 0-17 in foster care has almost doubled in just three years. There were 63 children in foster care in 1997, rising to 87 by 1999 and then jumping again to 120 children in 2000.

## Economics

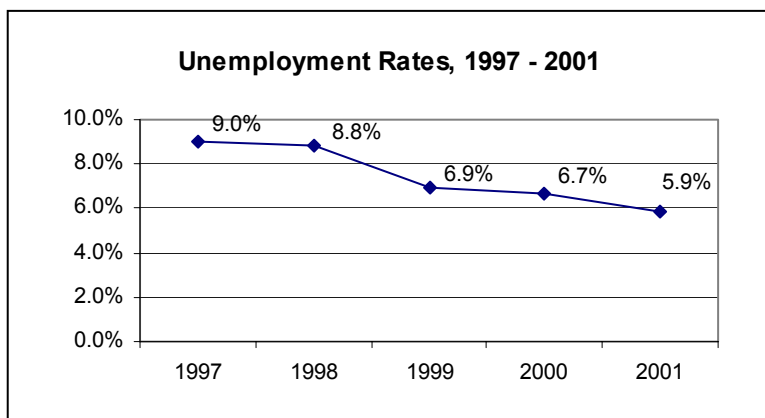
This section highlights key characteristics of the county in terms of economic factors.

### MAJOR INDUSTRIES

According to the July 2002 Calaveras County Economic Development Strategic Plan, the industries accounting for the most employment in the county are government (29%), services (23%), retail trade (20%), and construction (11%). Manufacturing is limited, accounting for only 5% of employment. The services industry includes many jobs related to tourism, reflecting the importance of tourism to the overall economy.

### EMPLOYMENT

The county's unemployment rate has been dropping steadily for over five years, declining from 9.0% in 1997 to 5.7% in August 2002. Throughout the 1990's, the county's unemployment rate was consistently 1-2% higher than the state average. However, the 5.7% level from August 2002 was actually lower than the state average of 6.3%.



For 2001 as a whole, higher unemployment rates were noted in the Murphys area (7.7%) and San Andreas area (7.0%), with lower rates found in the Angels Camp area (5.5%). This pattern has continued into 2002.

Small businesses are predominant in the county. Of the 1,315 total businesses in 2000, 899 (68%) had 1-4 employees, 208 (16%) had 5-9 employees, and 113 (9%) had 10-19 employees. Only 95 businesses in the county had 20 or more employees, and of these only 7 qualified as large employers with over 100 employees. The largest employers are the Calaveras County Office of Education with 946 employees, Calaveras County Government with 380 employees, and Mark Twain St. Joseph's Hospital with 248 employees (*source: Calaveras County Chamber of Commerce Business Resource Directory*).

## **JOB GROWTH**

The California Employment Development Department projects total job growth of 17.5% from 1999 to 2006 for the Mother Lode area covering Amador, Calaveras, Tuolumne and Mariposa Counties. Much of this job growth is expected to occur in higher-paying positions that also carry higher education and skill requirements. For example, professional and technical positions are expected to grow at a 21% rate; this category includes but is not limited to accountants, engineers, computer science positions, teachers, librarians, and health care professionals. Sales positions and protective services like fire fighters and police officers are both projected to grow by 22%. Conversely, clerical and administrative support positions are only projected to grow by 11% and food service positions by 15%.

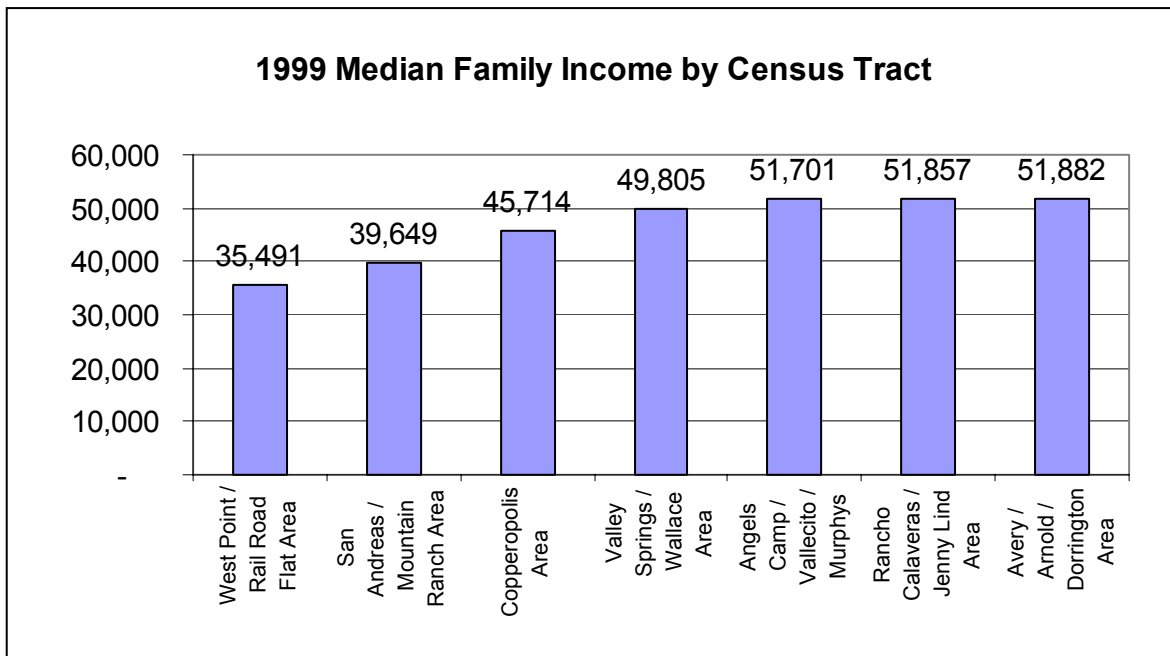
Government, services, and retail trade are projected to account for 80% of the total job growth in the county through 2004, indicating these will remain the primary industries (*source: Calaveras 2001 County Snapshot, Employment Development Department*).

## **PERSONAL AND FAMILY INCOME**

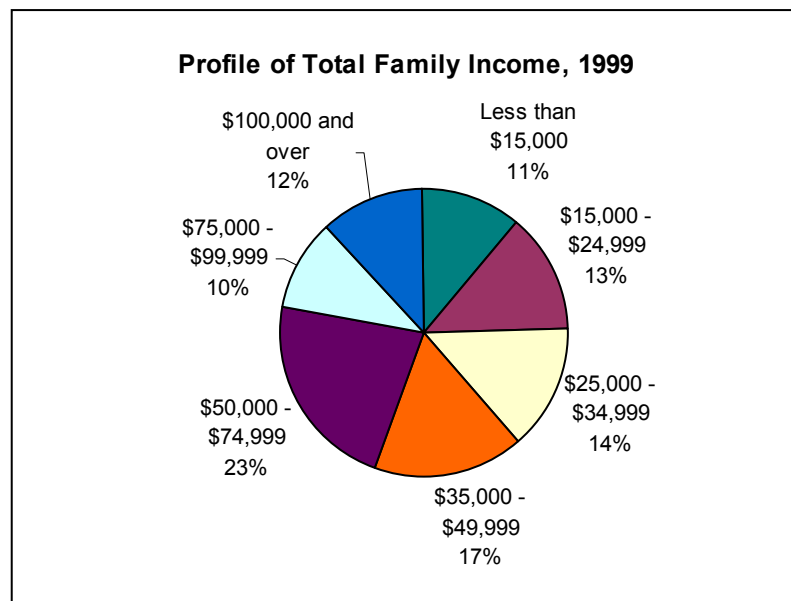
Income is clearly an important factor in the health and well being of children and families, since income levels often determine whether children receive proper nutrition, health and dental care, child care, and other services. An important indicator of family income levels is the median family income, since all households with children are defined as family households. Per the US Census, the median California family income in 1999 was \$47,379, meaning that half of all families had a total income below this level and half were above. The July 2002 Calaveras County Economic Development Plan notes that median family income grew by only 3% during the period 1995-2000. Median family income in the county was 50% below the state average in 2000. As a point of reference, the median income in California for a family of four in 2002 was \$63,100.

Median family incomes vary widely within the county. The census tracts covering Angels Camp, Murphys, Rancho Calaveras, Valley Springs, Arnold, and Dorrington all showed median family incomes of \$49,805 - \$51,882 in 1999. Conversely, the census tract covering West Point, Rail Road Flat, Glencoe and Wilseyville had a significantly lower median family income of \$35,491. The census tract covering San Andreas, Mountain Ranch and Sheep Ranch was not

much higher with a median family income of \$39,649. Again, these figures are compared to the California median income for 1999 of \$47,379.



Breaking family households down further according to total income, almost one-fourth of all family households in Calaveras County had a total income below \$25,000 in 1999, while on the other end of the spectrum, 22% of family households had a total income of \$75,000 or more.

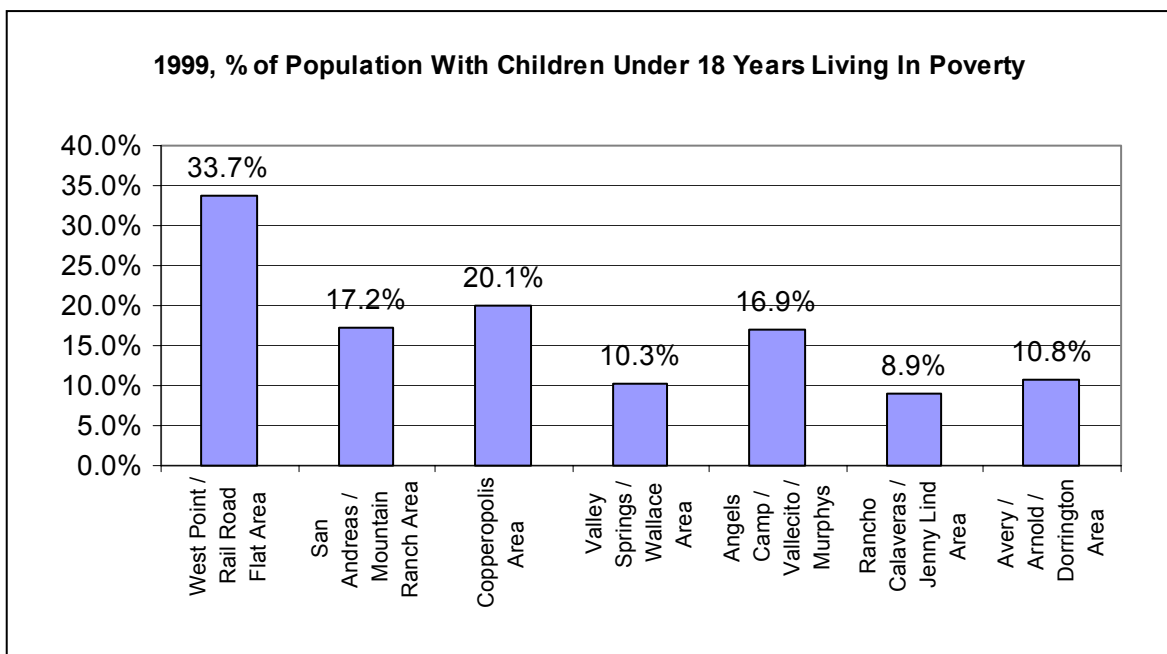


## CHILDREN LIVING IN POVERTY

Poverty disproportionately affects families with children in Calaveras County. US Census 2000 data shows that almost 16% of people living in households with a child under 18 years old were below the poverty level, compared to less than 12% of the total population and 6% of persons 65 years and older. The data also indicates that 643 family households with related children under 18 years old were below the poverty level. Poverty is even more pronounced in households with

small children; according to the Children Now California County Data Book 2001, 20.1% of the county's children age 0-4 are living in poverty.

The income disparities across different communities in the county are even greater when looking at poverty rates for households with children. As the graph below demonstrates, the highest rates of population with children under 18 years and income living below the poverty level are in the West Point / Rail Road Flat area (33.7%) and in Copperopolis and surrounding areas (20.1%).



Poverty also greatly affects single-parent households. For example, 42% of family households with related children under 5 years and a female householder with no husband present were living below the poverty level.

What is the impact of poverty? A 1997 report on child poverty by the Children's Defense Fund, as quoted in a Human Resources Council 2000 report on hunger in Calaveras County, noted that children living in poverty were:

- 1.5 to 3 times more likely to die during childhood
- 2.7 times more likely to have stunted growth
- 2 times more likely to have serious physical or mental disabilities
- 2 times more likely than middle-income youths and 11 times more likely than wealthy youths to drop out of school
- Also significantly more likely to experience other problems such as deafness, blindness, pneumonia, learning disabilities, and being held back in school.

## **PROSPECTS FOR FUTURE ECONOMIC IMPROVEMENTS**

The summary of the July 2002 Calaveras County Economic Development Strategic Plan notes "Overall, Calaveras County ... does not have an exceptionally strong local economy compared to

the state as a whole. The population is growing at a reasonable rate, but its population is much older on average than in other parts of the state. Consequently, labor force participation rates are low, although unemployment rates are average. Household and per capita incomes are well below the state average and are getting further and further behind. ... Taxable sales in the region are below average on a per capita basis, and are not growing as well as the state as a whole. Many communities rely on the revenue generated by taxable sales to support public services (police, fire, parks, etc.).”

The report also indicates several concerns about the potential for future improvements to the local economy, including:

- Access to the county is becoming more difficult since access is entirely along two-lane highways that are becoming increasingly congested.
- The labor force is relatively small and the number of workers in skilled production occupations is below the state average. The report notes that “the number of workers and their skills are a critical site location factor for companies making an expansion or location decision. Companies that require a large labor pool would probably not consider Calaveras County a competitive location.”
- There is a lack of fully served industrial sites and buildings for sale or lease in the county. There is little infrastructure (sewer, water, power, telecommunication) to serve industry along the 15-mile Highway 12 industrial corridor from San Joaquin County to San Andreas. No up-to-date inventory of industrial and business properties for sale or lease is available. There is also a lack of business parks. Collectively, these issues point to limited opportunities to attract larger employers to the area.
- High-speed Internet access, and particularly broadband access, needs to be extended to the county in order to support knowledge-based companies and entrepreneurs.

The main positives that are used to attract businesses to the county are the excellent quality of life, relatively affordable housing, 30-60 minute access to the Highway 99 corridor, and similar access to various college and university locations.

Residents also appear to want economic growth only to the extent it fits with the way of life in Calaveras County. In the 1999 Calaveras Community Renewal Project report, over 90% of survey respondents in Glencoe, Rail Road Flat, West Point, and Wilseyville agreed on the need to make sure that economic development is compatible with their rural environment, and that economic growth is not more important than the environment. In the same study, the types of support that business owners requested from local government focused on lower taxes and fewer regulations, and assistance to businesses either in getting established or addressing specific needs like upgrading technology.

### **3. COMMUNITY STRENGTHS AND RESOURCES**

A fundamental aspect of Our Children, Our Community is that we must involve and build upon the many assets that exist in the county. The full needs of children and youth cannot be met solely by relying on county agencies and traditional service providers to provide all of the resources and solutions. Using the adage that “it takes a village to raise a child,” there must be a core group of parents and other concerned citizens in each community working together with government, education, health and human service providers, and businesses in order to produce lasting results. It was therefore critical to listen to residents and service providers alike to identify the main strengths of each community, and concurrently to find the multitude of formal and informal groups already present in the county that are interested in supporting children and families. This section contains what was learned about strengths, groups, and services within the county.

#### ***Community Strengths***

When asked about what community resources and /or strengths exist in the county, both residents and service providers identified a number of government and nonprofit services, after school programs, community programs (e.g., Kids Place, Teen Challenge, 4-H, etc.), and support groups. Not surprisingly, the service providers tended to list specific programs and services by name or agency, whereas the residents referred to them more generally, such as nonprofit health organizations, county special education, etc.

Qualities such as the communities’ concern and interest in children, citizens’ willingness to get involved and volunteer time and energy, and the small-town, rural nature of the communities which allows residents to know one another, were counted as strengths. And although the community is growing, the relatively little amount of congestion and the lack of urban problems (i.e., high crime rates) were considered strengths.

Environmental and cultural strengths were noted almost exclusively by residents, who listed such things as lakes, parks, safe places for activities, historic society, and churches as strengths and resources. It is interesting to note that while providers did not list these as strengths initially, they did refer to parks and recreational areas when asked what existing resources and strengths could be built upon to improve the situation for children and youth.

#### ***Local Groups and Associations***

Every community has strengths and resources, assets that often go unnoticed until people spend the time to truly get to know the community. Key among these resources are the numerous groups and associations where people come together to pursue common interests, support each other, and serve the community. Many of these groups have a direct effect on the lives of



children and families; just a few examples are Boy Scout and Girl Scout troops, sports leagues, playgroups, parent groups, church groups, parent-teacher organizations, and service clubs.

A very important goal of Our Children, Our Community was to learn about as many local groups and associations as possible. Providers and residents were asked to identify community strengths and assets. From answers to this survey question asset maps were developed for each community. The maps list the various resources within sixteen different categories, as follows:

Arts & Entertainment	Education	Parent	Service Clubs
Business	Ethnic	Recreation/Outdoor	Special Interest
Organizations	Health Related	Religious	Sports Related
Charitable	Mutual Support	Senior	Youth Groups
Civic			

A brief summary of findings for each community is presented here. A visual depiction of the assets for each community is provided in Appendix A.

**Angels Camp, Altaville.** The availability of extended day care and the Sheriff's Office participation in schools were noted as overall assets to this community. Other resources exist in the areas of religious groups; recreation and outdoor facilities; parent support groups; peer and mutual support groups, such as Better Breathers, Multiple Sclerosis; and pediatric and family health and mental health services.

**Arnold, Avery, Dorrington Areas.** The schools in these communities are used as centers for activities, and law enforcement is considered accessible to residents. In addition, Big Trees Market and Round Table Pizza were noted as assets because they hire young people. Other assets include recreation facilities and outdoor activities, parent groups, education groups, and health related services including child and family dental practices, a medical clinic, and the county drug and alcohol program.

**Copperopolis.** Willing citizens and workers, along with concerned and caring residents and parents were noted as an overall strength for this community. In addition, Copperopolis has youth groups, job training, civic and historical clubs, various churches, recreation and outdoor resources, and mutual support and education groups. The community also has a medical clinic.

**Murphys.** Bus transportation to specific areas and willing citizens were noted as two community assets for Murphys. In addition, outdoor recreation and youth sports leagues, youth groups, religious and educational groups, and Emergency Shelter and Food Services were listed. Health, children's dental, drug and alcohol, and nutrition services are also available.

**Rail Road Flat, Mountain Ranch, Sheep Ranch, West Point, Wilseyville.** Resources identified for these communities include close and supportive families, a caring community, with residents who have time to volunteer. In addition, a number of youth groups, charitable organizations, education groups and mutual support programs exist. There is a medical clinic and a volunteer medical group.

**San Andreas, Mokelumne Hill.** Three broad community assets are the motivated leaders, volunteers, and agency collaborations. In addition, there are religious groups, recreation facilities and programs, education, mutual support and charitable groups, and county as well as private health related services.

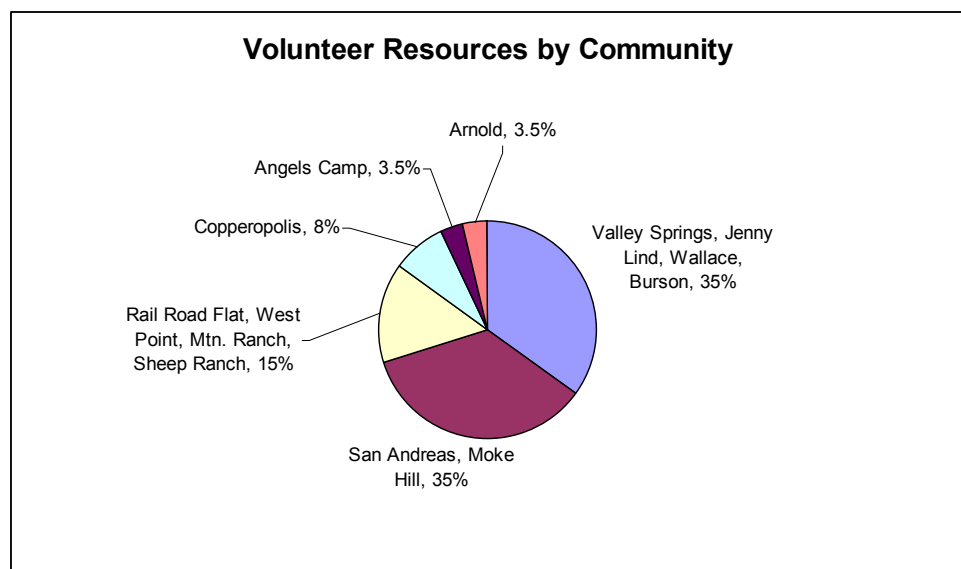
**Valley Springs, Jenny Lind, Burson, Wallace.** A countywide collaboration to address issues, local government agencies providing youth activities, expanded transportation, multi-agency committees and workgroups, and fast food restaurants providing jobs for youth are all considered community assets. In addition, there are health related services for children and families, mutual support groups, recreation and outdoor activities, sport leagues, youth and education groups, and a number of charitable groups.

## Volunteerism

Limited information exists on the extent to which Calaveras County residents are engaged in volunteer work. The only data appears to be from a 1999 survey done for the Calaveras Community Renewal Project. The survey results showed that among retired persons in the Glencoe, West Point, Rail Road Flat and Wilseyville area, 38% are not doing volunteer work and are not interested in volunteering, 31% are currently doing volunteer work and are not interested in doing more, 18% are not doing volunteer work but would be interested, and 4% are currently doing volunteer work and would like to do more. This suggests that there are untapped resources that could contribute toward community work by promoting greater volunteerism.

As part of the outreach conducted by the Community Advocates, residents and service providers were asked to complete a Skills Survey in order to help map the available volunteer resources and skills for the county. Twenty-eight surveys were completed and returned, representing almost

9% of the outreach contacts. Of those 28 individuals, 93% (26 individuals) said they would be willing to volunteer their time and expertise to benefit children and youth. By community, the distribution of volunteer responses are as follows: 35% - Valley Springs, Jenny Lind, Burson



and Wallace; 35% - San Andreas, Mokelumne Hill; 15% - Rail Road Flat, Glencoe, Mountain Ranch, and Sheep Ranch; 8% - Copperopolis; and, 3.5% each from Angels Camp and Arnold.

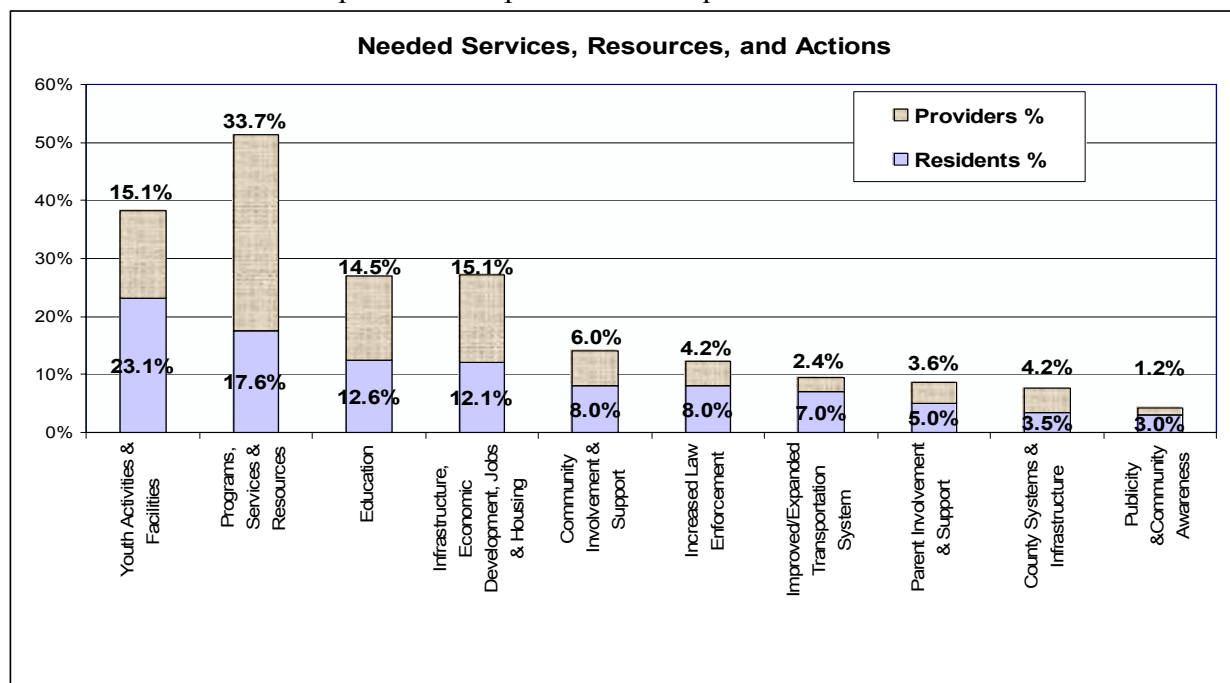
Skill Survey respondents indicated they would be willing to volunteer a variety of expertise and services, which range from teaching, tutoring and supervising academic subjects, sports, music, performance and visual arts, to supporting families through parent support and education, financial management training, and donating food, clothing and holiday items. A few people also indicated they would be willing to lend their expertise toward fund raising, marketing and general office support.

Nearly all of the Skill Survey respondents (93%) stated they want to stay involved with Our Children, Our Community either through receiving progress reports or by helping to create the 10-year master plan for children and youth.

## ***Programs and Services for Children, Youth and Families***

There are numerous programs and services in Calaveras County designed to help the physical, educational, social, and emotional needs of children and youth. Other programs provide support to parents, caregivers, and families as a whole. Two excellent compilations of existing programs and services for children, youth and families are the Family Service Information Directory from First 5 Calaveras and the Calaveras County Comprehensive Multiagency Juvenile Justice Plan.

The community outreach work conducted from October to December 2002 asked residents and service providers alike to indicate what additional services, resources or actions are needed to address their concerns about the well being of children and youth. The following chart shows how residents and service providers responded to this question.



The top recommendation noted by service providers was to provide the health and human services (33.7%) to address needs of children and youth. The second and third most frequent recommendations were to provide recreational facilities, activities and programs for youth that are open after school, evening hours, and during the summer (15.1%), and to address issues related to the cost of living and working in the county – specifically lack of jobs and cost of housing (15.1%). The suggestions for improvements in the area of recreational opportunities ranged from new / improved facilities such as skate parks, theaters, and arcades to programs and events such as arts, group meetings, sports and other youth programs. When describing additional programs or services related to health and human services, providers noted the need for prevention, early identification and treatment for all age groups of children and youth related to physical, mental and dental health as well as shelters, drug prevention, intervention and treatment programs, etc. The ability to access and afford services was identified as a needed improvement for those programs already in the county.

Residents' top recommendations were to add new and/or improved existing recreation facilities and activities for youth (23.1%) and to ensure necessary programs, services and resources were provided to children and youth (17.6%). Residents especially noted the need for drug and alcohol education, prevention and intervention programs, as well as parenting skills education. Furthermore, 3% of resident respondents also noted that improving awareness of the existing programs and services would help address the current problems and issues.

The third area noted most frequently for improvement was education, with 12.6% of residents and 14.5% of providers stating this was an area to address. A wide array of recommendations were presented, ranging from increasing the availability of quality, affordable early education and care options for all income levels, expanding before and after school programs and activities, offering tutoring programs, establishing higher education standards, improving relationships between the schools and the communities. Providing more home schooling, adult education, an in-county college, and vocational education were also recommended strategies for improving education. Residents tended to place more emphasis on increasing schools and school facilities, adding before and after school programs, while providers emphasized the need for a professional, well-trained and well-compensated educational work force to teach all ages of children and youth. Providers also emphasized the need to expand early education and care options for each community to include private preschools and universal kindergarten.

Residents and provider responses differed in the area of infrastructure. While residents noted that expanding the existing job opportunities through planned, targeted growth, and ensuring low cost, efficient and convenient public transportation services would serve to address many of the problems and/or concerns related to children and youth, providers identified securing funding and other resources to support services and building/facility projects. Both groups identified the need for increased community involvement to support the existing programs and services – whether for coordinating activities, serving as volunteers, or designing/supervising programs.

A recent study, the 2000 Calaveras County Children and Families Commission Needs Survey Report, sought to identify the primary barriers that inhibit families from accessing existing services. The four largest barriers that were identified, in order of importance, are:

1. People don't know what services are available;
2. Services are not provided locally;
3. Services are too hard to use; and
4. Transportation is not available to get to where services are located.

Even though a wide variety of services are available throughout the county, and some programs have staff who travel to various communities to work with individuals, access to programs and services still remains a problem for many people due to distance and/or transportation. Of the 169 programs and/or services listed in the First 5 Resource Directory, 71 have their principal office in San Andreas, and 22 are maintained in Angels Camp.

While the outreach conducted for this assessment did not specifically ask about barriers to accessing services, it is clear that these barriers are still issues as indicated by the number of responses stating that programs and services need to be located in each population center. This includes recommendations for expanding schools, libraries, children and youth recreation facilities and activities, and jobs; and, improving public transportation.

## ***Planning and Community Building Efforts***

Many organizations are involved in community planning and development efforts that are directly related to the vision of Our Children, Our Community. Rather than duplicating efforts, the activities of Our Children, Our Community are being coordinated with these other planning processes so that information and actions are shared freely with everyone working toward a better future for Calaveras County's children and youth.

The table below summarizes current community planning and development efforts that have been identified to date. Contacts have been made with representatives of each of these projects in order to coordinate efforts with Our Children, Our Community.

<b>Group</b>	<b>Type of Planning</b>
Calaveras Child Care Council	▪ Countywide Needs Assessment to set child care priorities.
Calaveras Head Start State Preschool	▪ Community assessment every three years with updates in "in-between" years.
Human Resource Council (HRC)	▪ Agency-wide strategic planning to set long-term goals, identifying trends, and be positioned to respond to existing/emerging community needs.
Food Bank (HRC)	▪ Identifying/predicting food needs within community for coming year in order to obtain funding/resources.
Women's Crisis Center (HRC)	▪ Projecting number of women and families expecting to be served next year.

It should also be noted that the communities of Glencoe, Rail Road Flat, West Point, and Wilseyville launched a community development project in 1999. The four projects selected for initial development as a result of this planning effort were to establish community learning

centers that teach new skills to adults and youth, building the local youth center into a self-sustaining organization with a skate park, establishing a community switchboard/network to link people to resources, and downtown beautification for West Point and Rail Road Flat.

## 4. CURRENT CONDITIONS AND CHALLENGES

This section contains a compilation of the current state of well being of children and youth in Calaveras County, also highlighting particular problems or challenges faced by children and families. The information presented here was developed through analysis of publicly available data, county agency reports, previous needs assessments conducted by various groups, and multiple community-based surveys, including outreach conducted for this assessment. The analysis is organized by issue or topic area, as follows:

- Overall Perspectives from the 2002 Community Outreach efforts
- Health
- Food Security
- Housing
- Child Care and Early Childhood Education
- Primary and Secondary Education
- Crime
- Child Abuse and Domestic Violence
- Parent Support
- Children with Disabilities and Other Special Needs
- Transportation

### ***Overall Perspectives***

Data and information about the issues or concerns facing children and youth were gathered from residents and service providers/ professionals throughout the county for this report using a survey tool.

Respondents were asked to identify their top concerns for children and youth, according to the age group affected by the particular concern. 128 providers and 156 residents responded to this question.

To begin analysis, survey responses were tabulated separately for residents and providers, and a list of concerns for each age group developed. Ten primary categories of concern emerged from resident and provider surveys.

Concerns for All Children	% Times Noted	
	Residents	Providers
Facilities and Activities	27%	20%
Alcohol, Tobacco and Drugs	16%	14%
Education	12%	15%
Parent Involvement	6%	9%
Cost of Living	6%	9%
Community Involvement	6%	9%
Transportation	6%	5%
Law Enforcement	6%	1%
Child Abuse, Domestic Violence	5%	5%
Medical, Dental, Mental Health	4%	11%
Other	4%	3%

The table above right lists the combined concerns of providers and residents for all ages of children and youth. Facilities and Activities, Alcohol, Tobacco and Drugs, and Education were identified as the top three concerns by both groups. However, it is important to understand what was considered in each category, how residents and providers ranked concerns when applied to

specific age groups, and what concerns look like from the communities' perspective. A description of the categories of concern is presented in the box below. A discussion of the consolidated concerns expressed by residents and providers for each age group begins on the next page, followed by a breakdown of results for each of the communities.

#### Categories of Concerns for Children and Youth

1. **Facilities and supervised activities, recreation, and social interactions for children, youth, and their families.** Concerns in this area include the need for a wide range of facilities for arts and culture, recreation, movie theaters, parks, etc. It also recognizes the need for qualified staff, volunteers and other resources necessary to operate programs, maintain facilities, and provide scholarships so all children and youth may be involved.
2. **Education.** Concerns for education span all ages, from the youngest children to youth entering adulthood. Included here are concerns about the lack of professionals and services related to preschool/early education opportunities, after school programs, child care, infant/toddler care, and daycare. Tutoring and mentoring programs related to education are included, as are early identification of learning needs, and relationships between schools and the broader community
3. **Access and availability of medical, dental, and mental health providers and facilities.** Concerns in this area are the lack of access and availability of treatment and services for the uninsured and/or under-insured; early identification, intervention and treatment of child and youth medical, dental, and mental health needs; nutrition services; and declining health and fitness of children and youth due to poor exercise and nutrition.
4. **Alcohol, tobacco and drugs.** The primary concerns in this category address alcohol and drug use by youth and their parents; however, many respondents also noted concerns about smoking and other tobacco use by children and youth. Concerns about the underground drug economy are also included in this category.
5. **Parent involvement and participation.** The main concerns in this area are parents' limited involvement with their children, schools, and the community, and the lack of parents' overall education and skills (i.e., budgeting, parenting, etc.) and education level.
6. **Community involvement, leadership, support and funding.** Concerns in this area are insufficient leadership, funding and supports necessary to provide needed human and social services and other help resources, including faith-based resources, at-risk/first time offender programs, children with disabilities programs, alcohol and drug prevention, intervention, and treatment, etc.
7. **Transportation and isolation.** This area reflects concerns about the availability, safety, variety and frequency of public transportation; and the isolation experienced as a result of insufficient transportation options.
8. **Cost of living.** The concerns related to cost of living include a range of economic factors such as insufficient affordable housing/rentals, lack of jobs for youth and adults, the transient and/or seasonal nature of work, and the county's poverty level.
9. **Law enforcement.** Concerns in this area are increasing contacts with the law / law violations, which include truancy, gangs, destruction of property, and school violence. Another concern in this area was expressed as increasing social erosion, as evidenced by the acceptance of the crime rate.
10. **Child Abuse, neglect and domestic violence.** The physical, sexual, and emotional abuse and neglect of children and youth are the primary concerns in this area, coupled with domestic violence and its impact on children and youth.
11. **Other.** Concerns which were noted to a lesser degree are contained in this category. Examples are: lack of diversity and exposure to different cultures; non-acceptance of youth presence; harm, injury and/or death due to unsafe environments; lack of awareness of existing resources; unplanned growth; and lack of follow through and confidence in public agencies and leadership.



As noted previously, the number one concern identified for children of all ages by residents and providers is the lack of supervised, affordable and easily accessible activities and opportunities for social interaction, and the facilities and staff needed to provide for these opportunities. A wide range of activities or interactions were noted by respondents, and vary by location and children's age. Examples noted were such things as arts and culture/music, libraries, movie theaters, etc. and the staff and resources to operate them.

### CHILDREN AGES 0-5 YEARS

When concerns for children ages 0-5 years are viewed separately from other age groups, providers and residents differ on the top concerns.

Residents consider the availability and access to facilities and activities for children in this age group the most pressing concern. They note the general lack of activities, play groups, parks, and play areas for this age group as concerns.

Concerns for Children Ages 0-5	% of times noted by Residents	% of times noted by Providers
Facilities and Activities	20.2	14
Education	17.7	14.7
Parent Involvement	8.1	12.3
Cost of Living	8.1	10.9
Child Abuse, Domestic Violence	8.1	5.6
Alcohol, Tobacco and Drugs	7.2	11.6
Community Involvement	6.7	8.4
Other	6.7	2.8
Transportation	6.2	4.2
Medical, Dental, Mental Health	6.2	15.1
Law Enforcement	4.8	0.4

Providers consider the issue of medical, dental, and mental health as their number one concern for children ages 0-5. The specific concerns listed by providers in the area of medical, dental and mental health are poor nutrition and health habits, getting children into the Child Health and Disability Program (CHDP), lack of family health insurance, and the lack of child health, mental health, and dental providers in the county. While residents also express concerns about access and availability of medical, dental and mental health services, the percentage of times residents noted this concern is less than half that of the times it was noted by providers - 6.2% of residents as compared to 15.1% of providers.

Education, including early education, is the second largest concern of residents and providers for this age group. Respondents noted specific concerns about ensuring the early identification of child learning needs, insufficient early learning and preschool opportunities, availability to before and/or after school programs, and the need for reading programs. They also noted the need to build more schools for this age group.

### CHILDREN AGES 6-13 YEARS

Residents and providers agree that the top three concerns for children ages 6-13 are facilities and activities; alcohol, tobacco and drugs; and, education. In fact, these three concerns represent more than 50% of all concerns expressed by either group for this age group. However, residents and providers differ on the ranking and weight placed on the various concerns. For example, residents rank the concerns as follows: facilities and activities, 31%; alcohol and drugs, 16.2%;

and, education, 10.9%; while providers rank concerns with education (14.7%) over their concerns with alcohol and drugs (12.3%).

Residents and providers are fairly closely aligned in how they weighed other concerns, with two primary exceptions: medical, dental and mental health, and law enforcement.

More than 10% of providers' concerns were about medical, dental and mental health services for children in this age group, while residents' noted concerns about health less than half as much (4.4%). Providers are concerned about insufficient mental health programs, overall poor health habits, and the lack of community based child and youth health services which are affordable. Residents noted the need for affordable health, dental and mental health services, also noting concerns related to poor nutrition and over-weight children.

Nearly 6% of all concerns expressed by residents were in the area of law enforcement, while less than 1% of providers expressed similar concerns. Residents specifically listed increased involvement with the juvenile justice and/or legal system as it relates to destruction of property, drug and alcohol use, loitering, theft, truancy and violence.

In the category of "other," residents listed lack of diversity and tolerance, including tolerance of the youths' presence, peer pressure, lack of self esteem, and lack of information and knowledge about the programs and resources available. Providers were also concerned with lack of diversity and tolerance, peer pressure / bullying, as well as the impact of growth within the county on the quality of life for children.

Concerns for Children Ages 6-13	% of times noted by Residents	% of times noted by Providers
Facilities and Activities	30.8	22.2
Alcohol, Tobacco and Drugs	16.2	13.9
Education	10.9	16.8
Transportation	6.5	4.6
Parent Involvement	5.9	8.5
Law Enforcement	5.9	0.8
Community Involvement	5.6	8.5
Child Abuse, Domestic Violence	5.3	4.1
Medical, Dental, Mental Health	4.4	10.6
Cost of Living	4.4	7.2
Other	4.1	2.8

Concerns for Youth Ages 14-18	% of times noted by Residents	% of times noted by Providers
Facilities and Activities	28.3	22.5
Alcohol, Tobacco and Drugs	20.2	15.3
Education	9.8	13.1
Law Enforcement	6.8	1.5
Cost of Living	6.5	8.9
Transportation	6.5	5.2
Parent Involvement	5.7	7.7
Community Involvement	4.9	9.2
Child Abuse, Domestic Violence	4.1	4.2
Medical, Dental, Mental Health	3.5	9.4
Other	3.5	3

## CHILDREN AGES 14-18 YEARS

Residents and providers agreed on the top three concerns for children ages 14-18, and the order of those concerns. Facilities and activities was once again noted as the top concern, followed by alcohol and drug use, and education. Nearly 60% of all residents' concerns were in these three areas, as were slightly more than 50% of providers concerns'.

In the area of facilities and activities, 28.4% of residents' concerns were related to the lack of activities for youth. In addition to the lack of activities, residents noted the need for places where children and youth could go to participate in activities, programs, and sports; and to socialize with other youth. In order to have a place for youth to go, residents noted that more recreation facilities, parks (including skateboard parks) are needed. Providers agreed with residents' assessment, in terms of their concerns, adding that activities need to be affordable and made available throughout the year.

Use and abuse of alcohol, tobacco and other drugs was noted as the second largest concern by both groups, with residents noting this 20.2% and providers 15.3%. Residents more frequently included use of tobacco / smoking along with use of alcohol and drugs with their concerns, focusing primarily on youth involvement. Providers, however, included parents' use of alcohol and drugs, as well as the impact and influence of the underground drug economy, in their concerns about alcohol and drugs.

Providers concerns about education represented 13.1% of concern for this age group, compared to residents at 9.8%. Providers listed overcrowded schools, lack of tutoring and after school programs, inability to provide for "troubled" youth, and lack of preschool options (resulting in older siblings staying home to care for younger children) as concerns. Residents' concerns focused primarily on the need for more schools and education opportunities, including the addition of a Christian school.

Residents' expressed concerns related to the cost of living, including lack of jobs, cost of housing (for those youth living on their own) and the county's poverty level. Nearly 7% of residents' expressed concerns compared to only 1.5% of providers expressing concerns in this area.

Finally, 9.2% of providers' concerns addressed the lack of community involvement and need for increased leadership and volunteer/financial support for at-risk and human services programs benefiting youth. Residents' also noted concerns here, but with less frequency (4.9%), focusing mostly on the need for prevention and intervention programs.

## Community Perspectives

Of the 156 residents who expressed concerns for children and youth, 144 (92.3%) provided a zip code or town on their survey. This information was used to further segregate the data just presented in the *Overall Perspectives* and identify concerns specific to each community. The table below shows the percent of times each area of concern was raised for all children in a particular community.

Looking at community level responses a different story emerges than the composite picture just presented. For instance, when viewed at the community level, facilities and activities is no longer the number one issue for three of the seven communities. Murphys and the Rail Road Flat group of communities (West Point, Mountain. Ranch, Sheep Ranch and Wilseyville) are more concerned with alcohol, tobacco and drugs than facilities and activities. And San Andreas and Mokelumne Hill are more concerned about education.

Category of Concern	Copperopolis	Arnold, Avery, Dorrington Areas	Angels Camp, Altaville	San Andreas, Moke Hill	Valley Springs, Jenny Lind, Wallace, Burson	Murphys	Rail Road Flat, West Point, Mtn. Ranch, Sheep Ranch, Wilseyville
Facilities and Activities	51.1%	22.6%	26.3%	18.7%	23.7%	14.4%	11.6%
Education	16.4%	16.0%	7.7%	23.8%	19.0%	18.9%	7.0%
Community Involvement	7.2%	0.9%	0.0%	5.2%	6.8%	5.8%	2.8%
Transportation	7.0%	5.3%	17.9%	6.3%	3.2%	12.9%	3.0%
Parent Involvement	5.7%	12.7%	10.2%	12.4%	1.4%	11.5%	5.8%
Cost of Living	3.9%	8.5%	11.8%	5.2%	8.5%	0.0%	10.3%
Medical, Dental, Mental Health	3.0%	0.0%	0.0%	0.0%	5.7%	0.0%	7.4%
Alcohol, Tobacco and Drugs	2.2%	17.8%	0.0%	19.1%	15.0%	20.4%	21.4%
Child Abuse, Domestic Violence	1.7%	3.7%	9.3%	7.2%	2.5%	0.0%	12.1%
Law Enforcement	1.4%	1.8%	0.0%	2.1%	6.2%	4.5%	13.2%
Other	0.4%	10.9%	16.9%	0.0%	8.0%	11.6%	5.4%

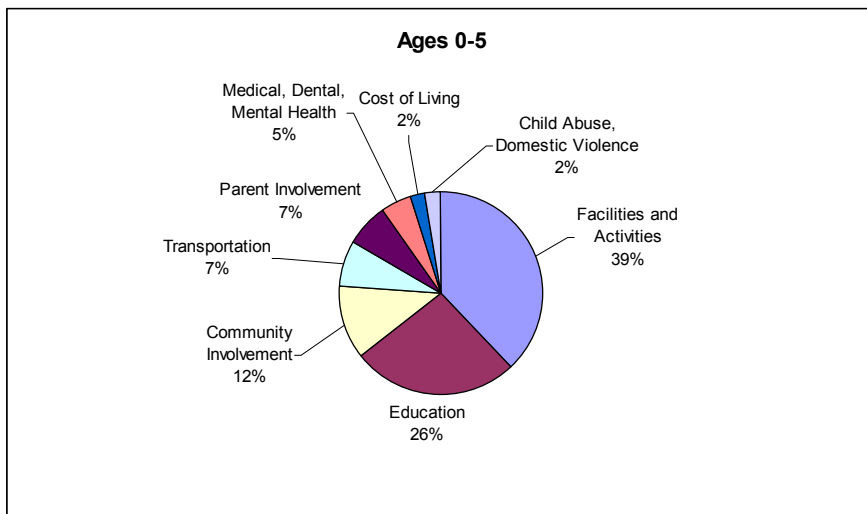
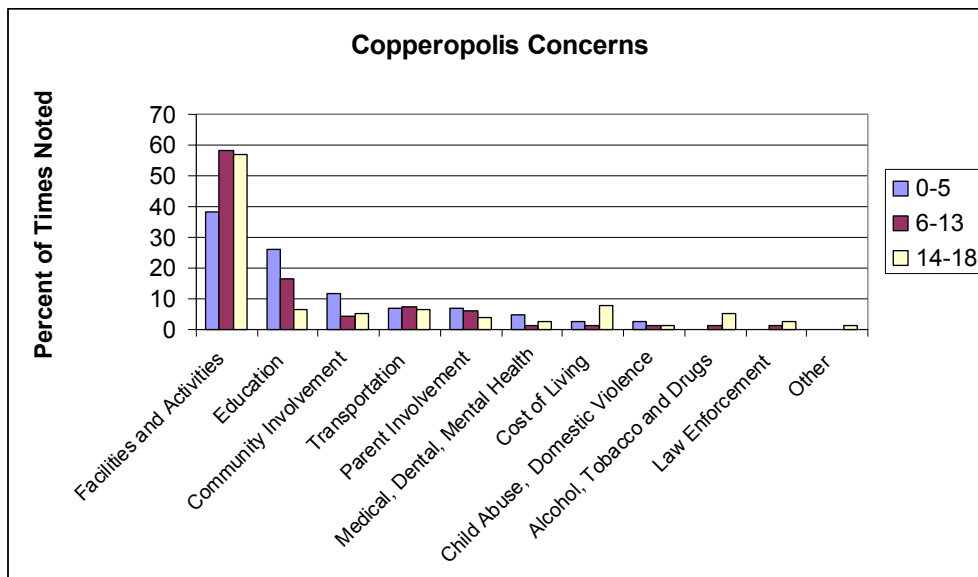
A discussion and comparison of the communities' concerns for children in the three age groups as expressed by the residents begins on the next page. Also included are any areas of concern raised by providers specific to a particular area or community.

## COPPEROPOLIS

Residents of Copperopolis listed 185 concerns for children ages 0-18 years. The largest concern expressed for all children was that of insufficient activities and facilities.

This is a two-fold concern that addresses both the types of activities available to a

particular age group and the facilities in which those activities take place. For children 0-5, residents were primarily concerned with the lack of facilities, whereas with the two older age groups residents were slightly more concerned with the lack of suitable facilities. Residents specifically commented on the need for play areas, recreation facilities, parks, a skateboard park, and a pool; and for expanding the library.



The chart at left shows the distribution of concerns for children 0-5 years. No concerns were noted related to alcohol, tobacco and drugs; law enforcement; or “other.”

After facilities and activities, education was identified as the second greatest concern for children 0-5 and children 6-13. When discussing concerns about education

for children ages 0-5, issues about access to affordable, quality, preschools and daycare were mentioned most often. Residents noted the need for more schools in Copperopolis, specifically middle and high schools, as well as availability of before and after school programs.

Interestingly, for youth ages 14-18 years the cost of living was the second largest concern, representing 7.8% of all concerns for that age group. Education and transportation followed

concerns about cost of living (6.5% of concerns each). Respondents particularly noted the lack of jobs available for Copperopolis youth and the low wages paid.

Community involvement and support, which includes involvement by the community in providing community and faith-based programs, services and funding was considered the third largest concern for children 0-5, comprising 12.5% of concerns expressed. However, less than half that amount of concern for community involvement was expressed as an issue for older children.

Finally, residents expressed concerns about off-road vehicles being used on bike, walking and/or horse paths by both older age groups (noted as “other” for children ages 6-13 and 14-18). This suggests that increased community involvement may be a larger concern for both these age groups than might be assumed solely based on survey responses.

Service providers’ agreed with residents’ concerns about the need for providing early education / preschool opportunities, recreational facilities and activities – to include expanding library hours, and after school programs. They also stressed the communities’ need for mental health services for children of all ages, including drug awareness and prevention programs; and, the early identification of learning needs.

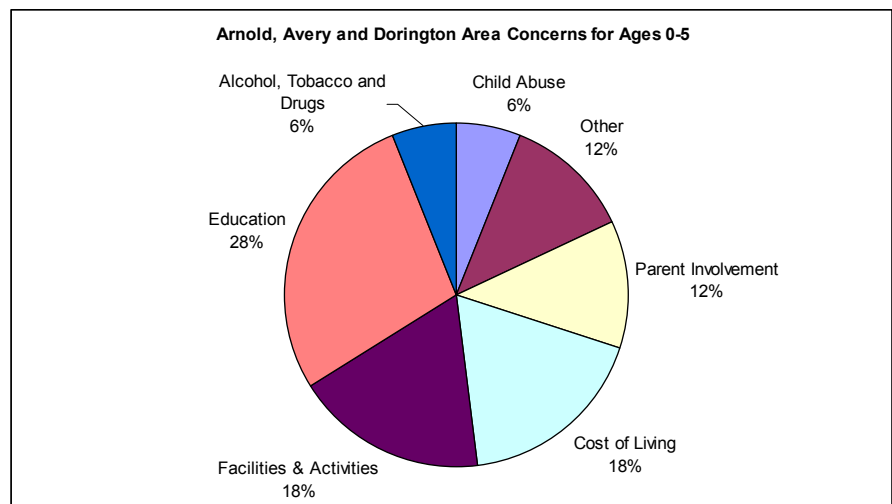
#### **ARNOLD, AVERY, DORRINGTON AREA**

Residents from the communities of Arnold, Dornington, and Avery areas listed 93 concerns for children of all ages.

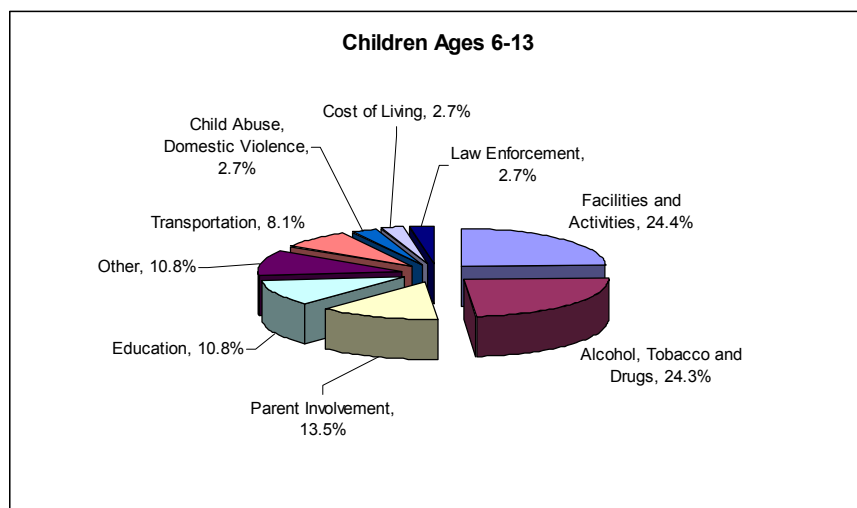
The greatest concern noted for the youngest members of these communities is education (28%).

Specifically noted were the need for 1) the early identification of learning needs, 2) quality, affordable daycare and preschool options, and 3) higher education standards.

The cost of living and poverty level of families, along with the need to use available school facilities and offer more activities for children, were both noted with equal frequency (18%) for children ages 0-5. This was followed by concerns about low parent involvement and the lack of parenting skills necessary to effectively raise children. “Other” concerns for the 0-5 age group included intolerance of diversity, low morals, and death due to auto accidents.



When looking at concerns specifically facing children ages 6-13 and 14-18, facilities and activities were considered the largest issue for each group (24.4% and 25.7% respectively). The need for a variety of activities and recreation facilities was noted.



Nearly as large a concern for the older age groups is alcohol and drug use by youth. Residents identified this as a concern 24.3% of the time for children ages 6-13, and 23.1% of the time for older youth, nearly equal to the level of concern related to facilities and activities.

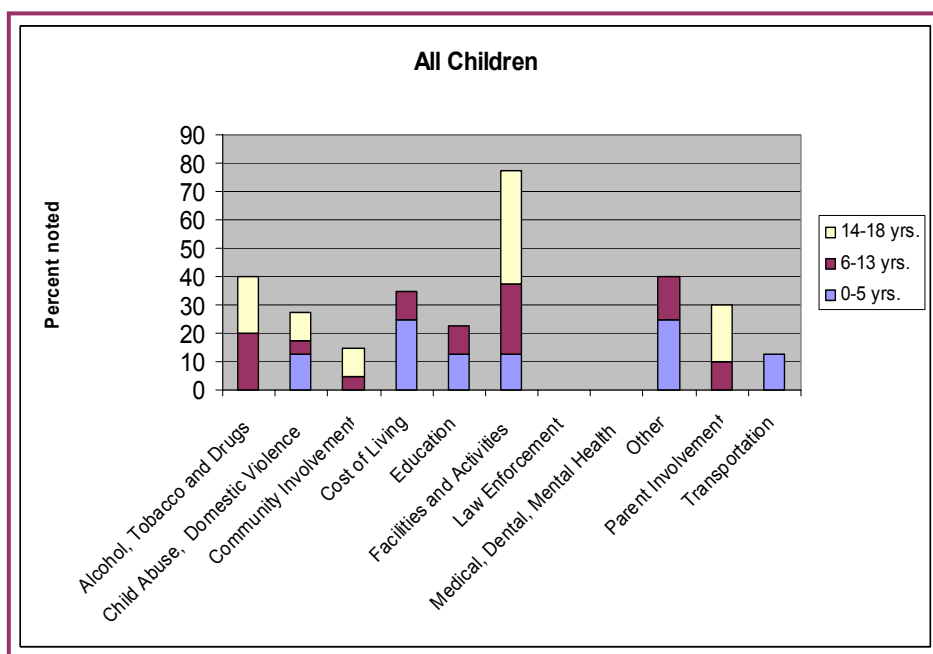
Interestingly, residents noted the lack of parent involvement, supervision,

and parenting skills as a concern for all age groups with nearly equal frequency (12%, ages 0-5; 13.5%, ages 6-13; and, 12.8% ages 14-18).

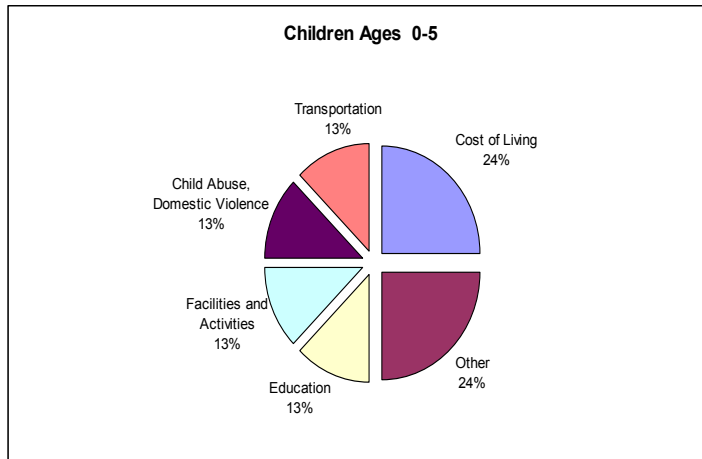
Providers agreed with residents about the need for more facilities and activities, citing the need for parks and a recreation center. The need for after school programs, mental health services, and at-risk prevention programs were noted by providers; as were neglect of health and health and dental needs. They also expressed concerns about lack of cultural diversity, low parent education levels, and speeding traffic without availability of sidewalks for children and youth to use.

## ANGELS CAMP, ALTAVILLE

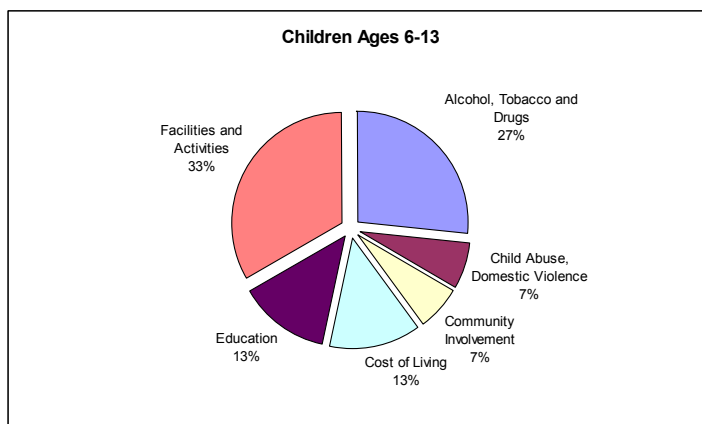
The residents from these communities provided a listing of 39 concerns for children of all age groups. Facilities and activities represented the largest concern when all age groups were combined, while no concerns were expressed for any age group related to law enforcement or medical, dental and mental health access.



Residents' concerns for their youngest children did not include either alcohol and drugs, or the level of parent, or community involvement.



The chart at left shows residents' concerns for children ages 0-5. It reveals that the lack of facilities and activities shares the same level of concern as child abuse, transportation, and education (13%). What is of greatest concern to this age group is the cost of living; specifically the poverty level and low wages paid, making it difficult to provide for a family. The category of "other" combines concerns related to child deaths due to accidents, unsafe environments, and children's lack of self esteem and pride.



Facilities and activities represent 33% of concerns for children ages 6-13, and 40% of concerns for youth 14-18 years old. Residents specifically noted the need for more activities for younger children (6-13 years old), while adding recreation facilities is emphasized for older youth.

Alcohol and drug use by children is a large concern for both the 6-13 and the

14-18 age groups. This was tied explicitly to the need for drug prevention programs and supports, which is noted as a community involvement concern.

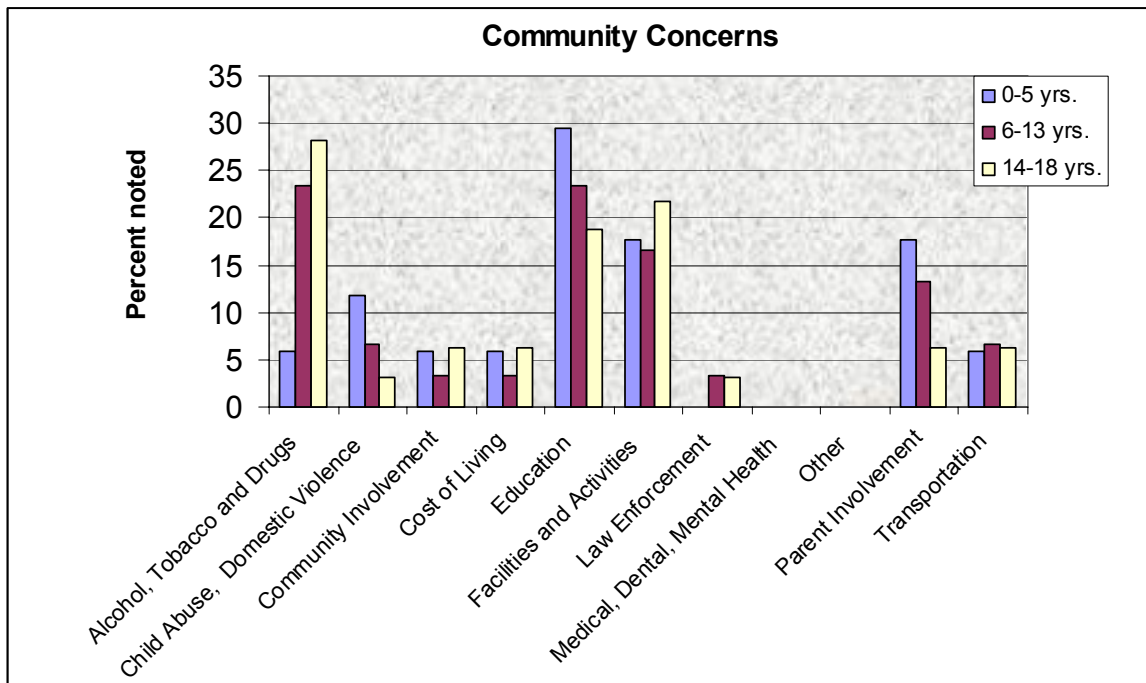
It is of interest to note that no concerns were expressed by residents related to medical, dental and mental health services for any of the age groups. And no concerns related to education or cost of living/poverty, or transportation were expressed for children 14-18 years old.

When providers were asked to identify community level concerns for Angels Camp and Altaville communities, providers agreed with residents in many areas. Alcohol and drug use was identified as a community, as well as a county, issue by providers. They also specifically noted the need for activities and facilities – a "children's place." Community support was identified as an issue in the area of providing mentors and mentorship opportunities. The need for offering early education and preschool options was noted, as were concerns about child health which ranged from poor child nutrition and health habits to the lack of mental health providers and prevention programs.



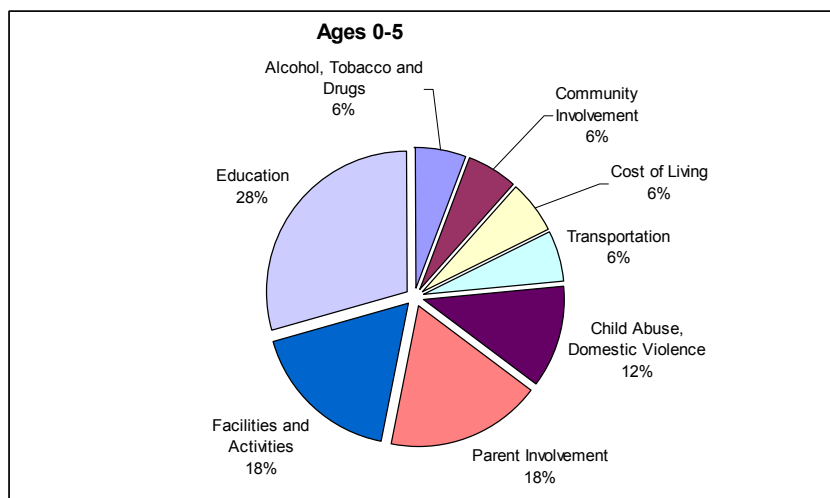
## SAN ANDREAS, MOKELUMNE HILL

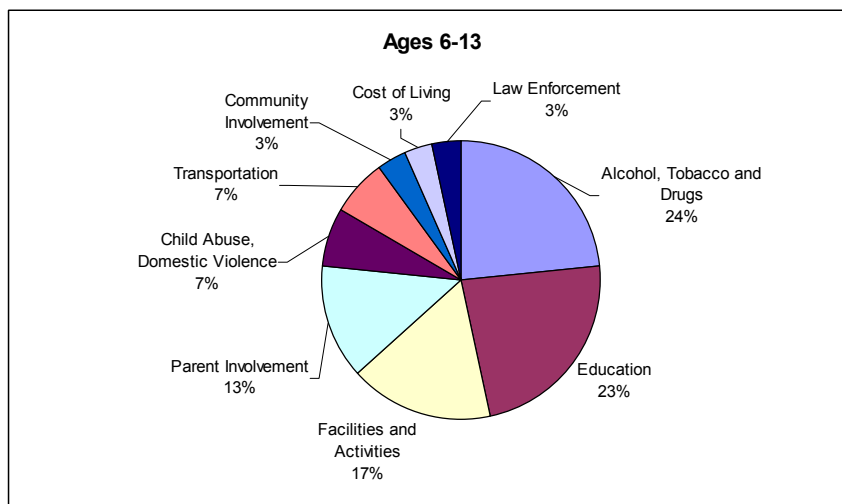
When concerns for all children in these communities are considered as a group, education is the most pressing concern, representing 23.8% of all concerns expressed by survey respondents. However, when concerns are broken out into the different age groups the priorities change.



As shown in the chart above, education remains the largest concern for children ages 0-5, noted 28% of the time. Residents specifically stated the need for additional preschool and early learning opportunities for young children, including before and after school programs. Twenty-three percent of residents noted education as a concern for children ages 6-13, while 18% noted it as a concern for youth ages 14-18; making more general comments such as “lack of education opportunities and standards.” (Charts showing the priority issues by age group are presented here and on the next page.)

Almost 30% of residents expressed concerns about the use of alcohol, tobacco and other drugs by youth ages 14-18. In fact, alcohol and drugs were also considered a large problem for children 6-13 years old, with 23% of residents indicating concerns. Parents’ use of drugs and alcohol was the concern for younger children.





As with the other communities, the need for additional activities and facilities ranked high among concerns for all ages. Residents would like to see a variety of activities offered for youth, including arts and culture events that expose youth to different cultures, recreational and sport activities, and educational experiences outside of school.

Concerns about involvement with law enforcement for youth ages 6-13, and 14-18 centered on destruction of property and represented only a small percent of overall concerns.

Finally, as with the communities of Angels Camp and Altaville, no concerns were expressed by residents for any age groups related to access and availability of medical, dental and mental health services.

When providers were asked to identify issues or concerns for San Andreas and Mokelumne Hill communities, they listed many of the same things as did residents, such as need for additional activities and facilities – including the staff to maintain both; the need for preschool and after school programs; and parks. They also noted the impact of a limited volunteer base with the result that many of the same parents and teachers do all of the volunteer work. Even though providers noted the need for a pediatrician in the community, residents did not identify issues with medical access.

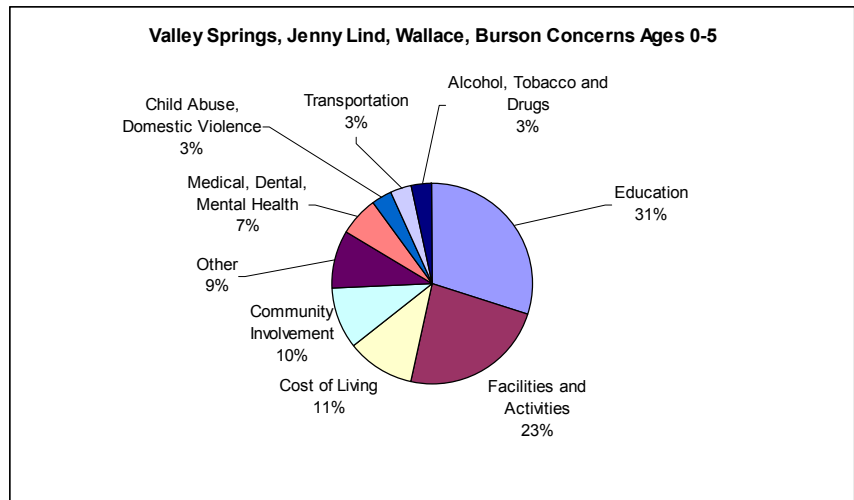
### **VALLEY SPRINGS, JENNY LIND, WALLACE, AND BURSON**

Through surveys and outreach, residents shared 126 concerns for children of all ages within these communities. When concerns for all age groups are considered as a whole, facilities and activities was the largest concern (23.7), followed by education (19%), and alcohol, tobacco and other drug use (15%). Again, it is useful to consider concerns within each separate age group.

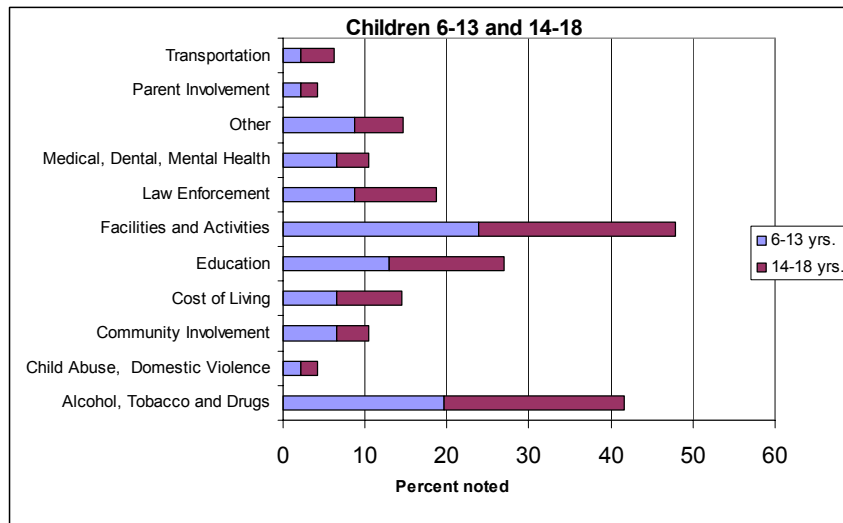
As shown in the chart on the next page, education outweighs other areas of concern for children ages 0-5, with nearly one-third of all residents expressing concerns about young children's education. Specific concerns are the need for expanded kindergarten, lack of eligibility for Head Start, and lack of affordable preschool and early education/daycare options.

A concern about lack of facilities and activities for children under five years was the next largest area of concern, with 23% of concerns in this area. The lack of parks, play areas, and play groups was noted, along with a general lack of activities.

Medical, dental and mental health services were identified for all age groups as a concern, primarily related to accessing treatment and the availability of Medi-Cal providers.



The chart below shows combined concerns for children ages 6-13 and ages 14-18. Lack of facilities and activities was the largest concern for both age groups, representing 24% of concerns for each group. As with younger children, residents noted the need for recreation facilities and parks designed for older children, as well as a variety of activities which are affordable so children can participate.



Nearly one-fifth of all concerns were related to alcohol and drug use by children 6-13 years old. A slightly higher level of concern (22%) was expressed in this area for youth ages 14-18.

Concerns related to education were the third most frequent for both age groups. Residents cited the need for affordable before

and after school programs, the need for a dress code for high school students, and higher educational expectations.

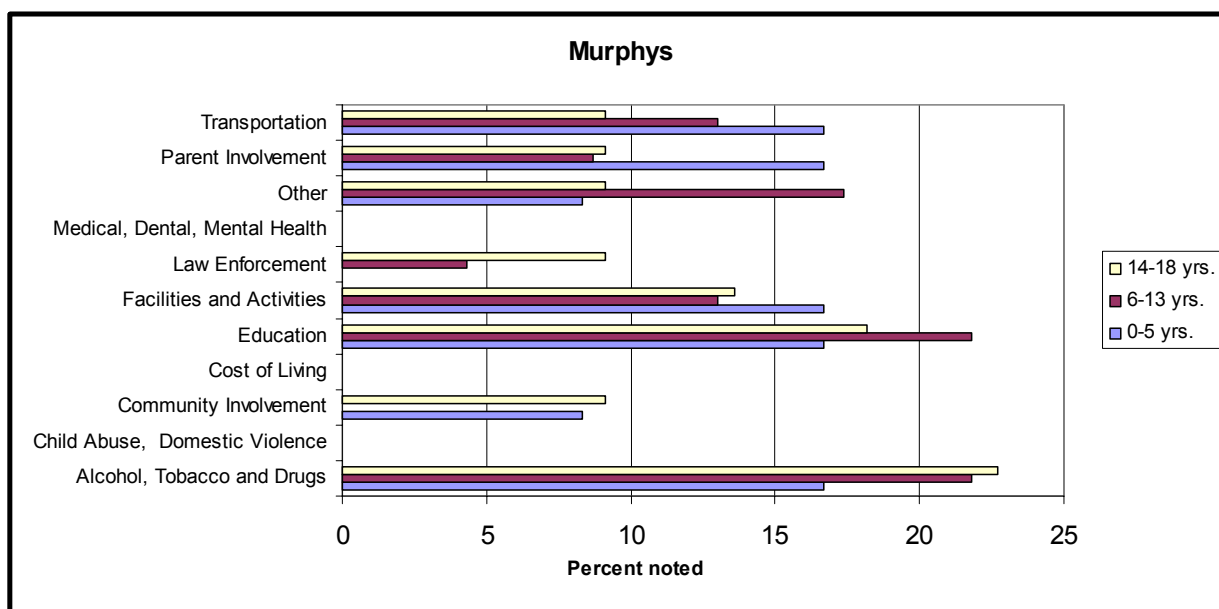
Concerns related to law enforcement issues were primarily related to loitering and destruction of property, and represented 18% of concerns for the age groups combined. The concerns expressed least often were in the areas of child abuse / domestic violence incidents and lack of parent involvement.

Providers' concerns were practically identical to residents' concerns for these communities; although providers placed slightly more emphasis on the issue of transportation and isolation than did residents. The issue of alcohol and drug use was noted along with the need for prevention programs. Providers commented on the need for a new library and recreation facilities and activities for youth, including funding for scholarships so that all interested youth can participate. The cost of living, especially high housing/rental prices and low wages, were also listed as concerns by providers.

## MURPHYS

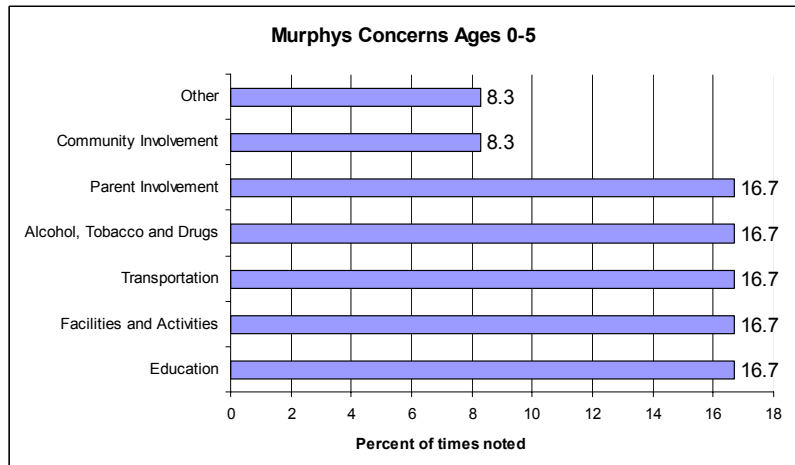
A total of 57 concerns were listed for children living in Murphys, none of which centered on medical, dental, and mental health services, cost of living, or child abuse and domestic violence.

The largest concern for all ages groups combined is the use of alcohol, tobacco and other drugs by youth and their parents; this concern represented one-fifth of all concerns expressed. For children ages 0-5, parents' use of drugs and alcohol was noted by Murphys residents almost three times more frequently (16.7%) than other communities', with the exception of the Rail Road Flat group of communities. In addition to general concerns about the use of drugs and alcohol, Murphys residents explicitly noted smoking – both tobacco and marijuana – as a concern.



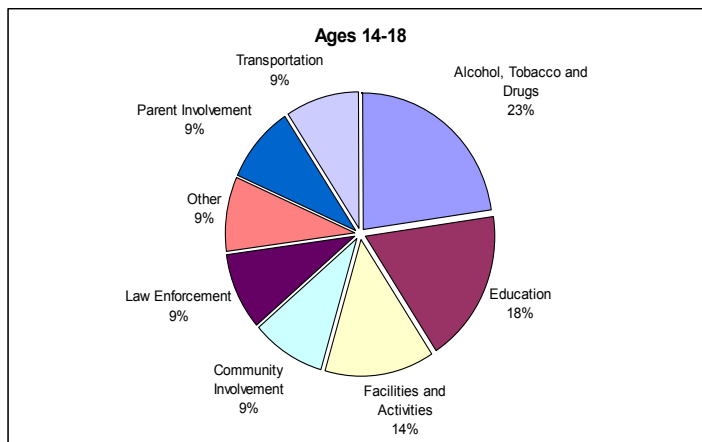
For children 6-13 years old, education equaled residents' concerns about alcohol and drugs. For the younger children in this age range, concerns focused on lack of before and after school programs. Concerns for older children in this group related to vocational education and training.

The chart at right shows concerns for children 0-5 years old. Residents were equally concerned about the impact of transportation/isolation, activities and facilities for young children, education, and parental involvement as they were about alcohol and drug use by parents.



For children ages 0-5, education concerns focused on quality preschool and early learning opportunities, while activities and facilities related to the need for a cultural center or museum. Comments about parents related to lack of parent involvement with their children and the community, and parents' use of drugs and alcohol. Murphys' residents expressed more concerns about the impact of transportation and isolation on this age group than did any other community.

Noted with equal frequency were concerns about the need for more community involvement so that needed programs and services would be available; and "other" concerns related to children ages 0-5 were watching too much television and lacked enough supervision, and the impact that has on children's well-being.



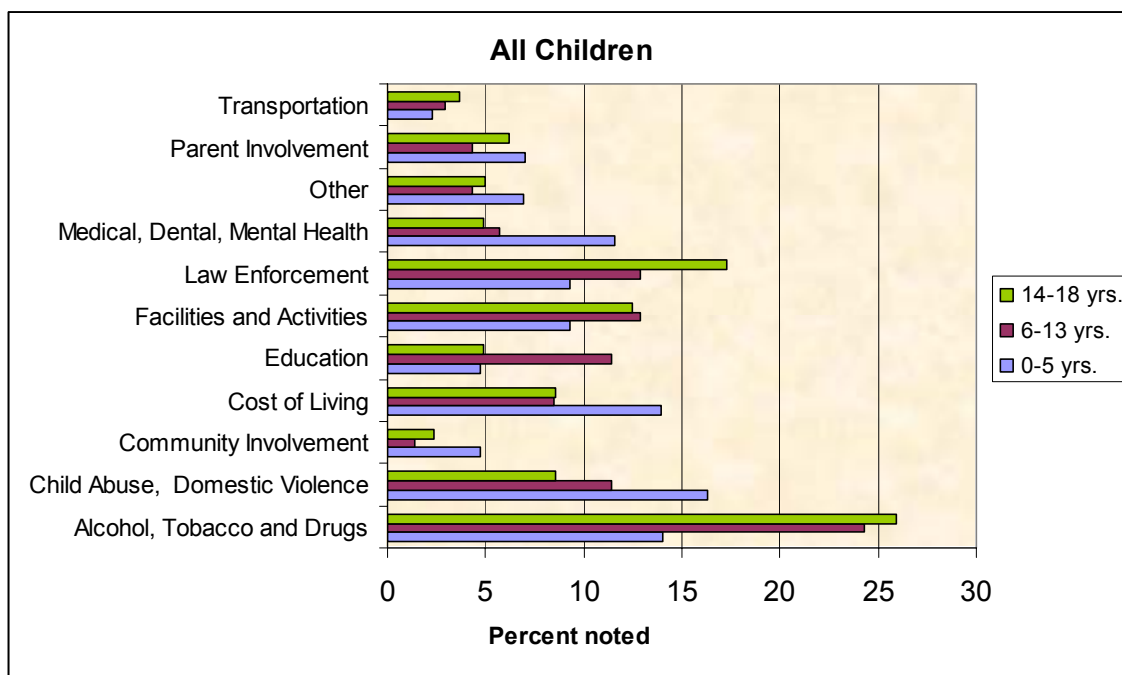
As previously discussed, residents are most concerned about alcohol and drug use by youth ages 14-18. Concerns about education represent the second largest set of concerns. Specifically the need for programs that expose youth to diversity, better/more school counseling, and after school programs. The lack of facilities (i.e., a cultural center, improvement of the skate park) and youth activities were also noted as concerns 14% of the time.

Concerns in the remaining areas were expressed at an equal rate of frequency, 9.1%. Residents stated shoplifting and theft as concerns, as well as the need for increased numbers of alcohol and drug programs, and better transportation options.

Providers' concerns for Murphys were in alignment with those of the residents, although they noted teen pregnancy as a concern where residents did not. Education encompassed preschool and early learning opportunities, as well as the need for enrichment programs for gifted and talented children.

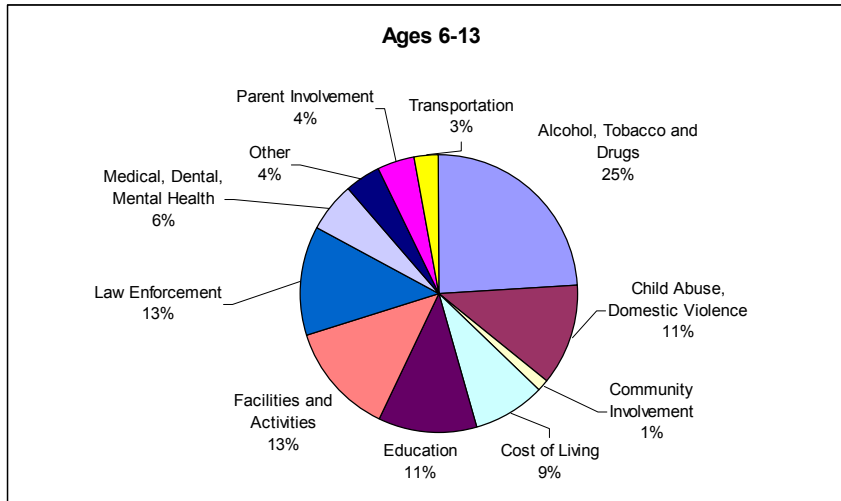
## RAIL ROAD FLAT, WEST POINT, WILSEYVILLE, MOUNTAIN RANCH, AND SHEEP RANCH

Residents from these communities listed 194 concerns for children in all age groups. Collectively, the largest concern for all children surrounded alcohol and drug use, representing 21.4% of all concerns stated. This was followed by nearly equal levels of concern about involvement with the law (13.2%), child abuse and domestic violence (12.1%), the lack of available facilities and activities for youth (11.6%), and cost of living (10.3%). The charts on the next page depict how these concerns shift somewhat when separated into specific age groups.



The Rail Road Flat, West Point, Wilseyville, Mountain Ranch, and Sheep Ranch communities are unique in that they were the only group of communities that listed concerns across all categories for children ages 0-5.

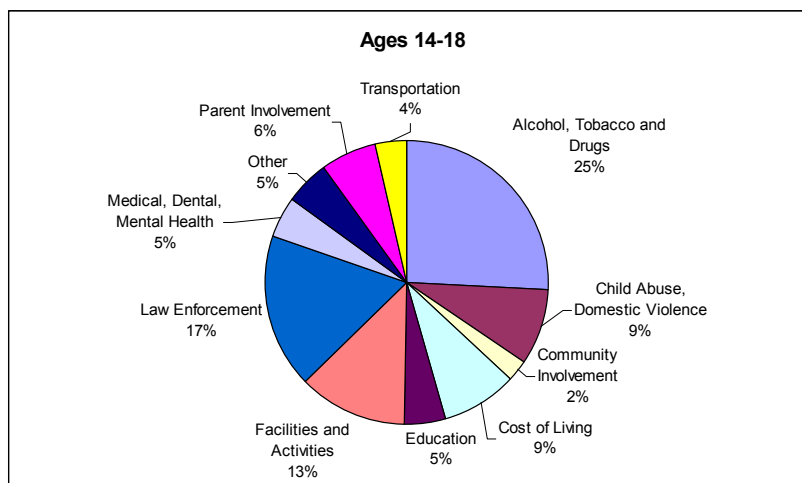
When examining the list problems cited for children between the ages of 0 and 5, concerns about child abuse, molestation and domestic violence (16.3%) surpassed concerns about the impact of alcohol and drugs (14%). Sexual abuse, rape and violent assaults were the primary child abuse concerns as compared to other communities' concerns about domestic violence. The lack of affordable housing, low income, and few jobs combined to create the third largest area of concern (cost of living), followed by lack of affordable, nearby medical, dental and mental health services (11.6%). Education represented less than 5% of all concerns expressed for children between the ages of 0 and 5.



The graphs on this page show the frequency with which concerns were expressed for the 6-13 and 14-18 year age groups. A quarter of all concerns expressed for each age group related to drug and alcohol use/abuse by youth. Tied to those concerns were statements about the need for effective prevention, intervention and treatment programs.

Following alcohol and drugs, the lack of adequate facilities and activities for youth and youth's involvement with the law were noted most (13% each). Residents highlighted the need for local sports as well as other activities. Theft was the primary law enforcement issue noted.

Concerns about child abuse and domestic violence impact on children between the ages of 6-13 were noted with the same frequency as concerns about education (11%). Sexual assault and violence were again the primary issues raised related to child abuse, while educational concerns focused on the need for after school programs. As with younger children, concerns about medical, dental and mental health services focused on affordability and local access.



The same basic issues with roughly the same rate of frequency were raised for youth ages 14-18 as with children 6-13 years old. After concerns about alcohol and drug use (25%) were concerns about law enforcement (17%) and facilities and activities (13%).

The residents' comments related to cost of living issues focused on the overall lack of job opportunities, the fact that

Calaveras is a low income county, and the resultant poverty. When discussing transportation, residents noted the need for road repair in addition to improving the availability and frequency of public transportation options.

Feedback from providers about concerns specific to these communities was consistent with residents' comments. Providers underscored the need for youth recreation facilities and

activities. Providers also noted the need for access to mental health and other prevention and intervention programs, such as mentoring, first-time offender programs, and alcohol and drug prevention and treatment programs. Parents' education level was noted as a concern by providers in addition to their participation and involvement with their children. Where residents specifically noted the types of law violations which concerned them, providers noted the increasing crime rate.

As a point of comparison to the information just presented based on the community outreach conducted for this assessment between October and December 2002, the Calaveras County Children and Families Needs Survey conducted in 2000 asked residents "What do you think is needed to support Calaveras County parents in building strong families?"

The ranking of responses, in descending order of importance, was:

1. Information about raising children
2. Local place/person to help families get needs met
3. Information regarding services for children and families
4. Counseling for individual or family problems
5. Support group for parents
6. Child abuse prevention and treatment program
7. Drug and alcohol prevention/treatment for parents
8. Help with domestic violence

While the above priorities reflect what parents deem necessary to fulfill their roles successfully and build strong families, the following list ranks in descending priority order the issues and concerns for all children in Calaveras County.

1. Facilities and activities
2. Alcohol, tobacco and drug use
3. Education
4. Medical, dental and mental health services; Parent involvement; Cost of living; Community involvement (each of these had the same total concern rating)
5. Transportation
6. Law enforcement
7. Child abuse and domestic violence
8. Other

This concludes the Overall Perspectives section of the Current Conditions and Challenges section. What follows beginning on the next page are analyses of data from other reports and public sources highlighting the problems and concerns for children and youth.



## ***Health***

There are many dimensions of health, including both physical health and mental health, to be considered in this report. This section organizes the available data according to different aspects of health that affect children and youth.

### **PRENATAL CARE AND HEALTH AT BIRTH**

<b><i>Issue</i></b>	<b><i>Current Status and Trends</i></b>	<b><i>Why Is It Important?</i></b>
Extent to which pregnant women enter prenatal care in the first trimester of their pregnancy	81% of pregnant women entered prenatal care in the first trimester in 2001 (source: California Department of Health Services). The rate remained at 82% from January to July 2002 per County Health Department statistics. The 2001 and 2002 rates are slightly below the state average of 84%, and also represent a significant drop from the 88% levels achieved in Calaveras County in 1996 and 1999.	Timely and appropriate prenatal care can address important issues such as nutrition, smoking, drinking, anemia, and diabetes with the mother. These factors can, in turn, greatly affect the health of babies at birth.
Percentage of mothers with inadequate prenatal care (starting prenatal care in the third trimester or receiving no prenatal care)	14 births (4.3% of the total) occurred to mothers receiving inadequate prenatal care in 2001 (source: California Department of Health Services). This is compared to 2.9% of all births in California occurring to mothers who received inadequate prenatal care in 2001. The rate remained at 4.2% from January to July 2002 per County Health Department statistics.	Getting late or no prenatal care is associated with a greater likelihood of having babies who are born at low birth weights (see below), who are stillborn, or who die in the first year of life.

<b><i>Issue</i></b>	<b><i>Current Status and Trends</i></b>	<b><i>Why Is It Important?</i></b>
Low birth weight (less than 2500 grams at birth)	9 low birth weight infants were born in 2001, representing 2.8% of all births (source: California Department of Health Services). The 2001 rate is significantly lower than prior years, and far below the state average of 6.3% in 2001. By comparison, the 1996-1998 rate of 4.7% low birth weight infants in Calaveras County was the 5 <sup>th</sup> lowest in the state; the California average was 6.1% for this period (source: Children Now 2000 county data tables).	Low birth weight is the key determinant of neonatal death and a risk factor for a variety of health and developmental problems. In particular, children born at low birth weight are at greater risk of having developmental delays, hearing and vision problems, cerebral palsy, and other health problems. A study of children ages 4 to 17 who were born at low birth weight found these youth were more likely to repeat a grade or to fail school than children born at a normal birth weight.

## **CHILDHOOD HEALTH CONDITIONS**

<b><i>Issue</i></b>	<b><i>Current Status and Trends</i></b>	<b><i>Why Is It Important?</i></b>
Child immunizations	In 1998-99, 93% of children at one year of age, 86% of children at age two, and 93% of kindergarteners are up to date on immunizations (source: Calaveras Partnerships for Healthy Children, 2000 Annual Evaluation Report).	Vaccines prevent some of the diseases that can result in long-term severe developmental disability, vision and hearing impairments, or death. Vaccines are also most effective when given early in life.
Childhood asthma	In 1999, 25% of asthma patients in the county were age 0-14, accounting for 10 hospitalizations (source: Calaveras County Healthcare Information report).	Asthma can be a serious health condition affecting a child's ability to exercise or concentrate in school, and sometimes even causes death.

**Issue****Current Status and Trends****Why Is It Important?**

Unintentional injury and death of children

The total statewide deaths due to accidents of children 0-14 years in 1997 and 1998 were 1,109; 47% of these deaths were vehicle crash victims. In Calaveras during 1997-98, there were 495 home and vehicle accidents involving children 0-17 requiring medical attention; 39% of these were vehicle accidents (source: Calaveras Partnerships for Healthy Children, 2000 Annual Evaluation Report). The 1997-98 rate was down from 587 cases in 1996-97. 1 accidental death involving a child age 14 or younger occurred in 2000 as compared to 549 accidental deaths of children 0-14 statewide.(source: RAND California).

Injury and death are obviously serious concerns. The emphasis is on identifying preventable causes of unintentional injuries and death. For example, all vehicle fatalities to county children age 0-4 from 1993 – 1998 were a result of children being unrestrained or improperly restrained in the car (source: Calaveras Children's Summit 1999 County Report Card).

**DENTAL CARE****Issue****Current Status and Trends****Why Is It Important?**

Untreated dental problems among children

1998-99 screenings by the Calaveras Children's Dental Project showed that 55% of second graders had obvious untreated dental disease, and 44% of 772 kindergarten, 2<sup>nd</sup> grade and 5<sup>th</sup> grade children screened suffered visible, untreated tooth decay (source: Calaveras Children's Summit, 1999 County Report Card).

Untreated dental caries can lead to severe toothaches, destruction of bone, and spread of infection via the bloodstream. They can also affect a child's eating habits and nutrition. The pain and infection caused by dental caries can lead to problems in speaking and attention in school.

## TEEN PREGNANCY

<b>Issue</b>	<b>Current Status and Trends</b>	<b>Why Is It Important?</b>
Births to mothers under age 18	Calaveras County has a very low rate of births to minors. There were no births to mothers under age 18 in the year 2000, and 3 such births in 2001 (3.2% of all births). Prior year levels of births to mothers age 16 and under were 6 in 1999, 3 in 1998, and 7 in 1997 (source: Calaveras County Healthcare Information report). According to the Children Now 2000 county data tables, Calaveras County has the 5 <sup>th</sup> lowest rate of teen births in the state.	Teenage mothers are less likely than older mothers to receive adequate prenatal care and are more likely to have low birth weight babies, leading to health problems for children, as described earlier in the report. Teenage mothers are also more likely to have lower incomes, become dependent on welfare, drop out of school or limit their schooling, and have less stimulating home environments for their children.

## SUBSTANCE ABUSE

<b>Issue</b>	<b>Current Status and Trends</b>	<b>Why Is It Important?</b>
Hospital admissions related to drug or alcohol abuse	In 2000, 195 Calaveras County residents were admitted to a hospital because of drug or alcohol abuse. This compares to 171 admissions in 1999 and 140 admissions in 1998 (source: RAND California). The primary drug problems noted were alcohol (80 people), methamphetamine (48 people), marijuana/ hashish (57 people), cocaine/crack (4), heroin (3), and other drugs (3).	Parental alcoholism and substance abuse can negatively influence children's well-being. Research conclusively shows that children whose parents are alcoholics or drug users are much more likely to become substance abusers themselves. One study also found that parental alcoholism is linked to poor academic outcomes by children in elementary school, often because alcoholic parents are less likely to provide the supervision, support, and intellectual engagement their children need to succeed in school.

*Note: The number of hospital admissions shown above only represents the most severe cases of drug or alcohol abuse, where the abuse led to a medical emergency requiring hospital admission. The actual incidence of drug and alcohol abuse is certainly much higher. However, precise statistics were not available on the number of Calaveras County residents currently receiving treatment for drug or alcohol abuse, or the percentage of people admitted to the hospital because of drug or alcohol abuse that were parents of children under age 18.*

## MENTAL HEALTH

<b>Issue</b>	<b>Current Status and Trends</b>	<b>Why Is It Important?</b>
Children and youth receiving care for mental health issues	As of July 1999, 100 of the County Mental Health Department's 300 cases were for clients aged 0-17.	The number of children receiving mental health assistance can indicate the extent of depression, emotional disturbances and other mental health issues.

## ACCESS TO HEALTH CARE SERVICES

<b>Issue</b>	<b>Current Status and Trends</b>	<b>Why Is It Important?</b>
Adequate number of physicians to meet the health care needs of the county's population	A 2002 study by Mark Twain St. Joseph's Hospital showed that the current number of physicians is much lower than the level of demand for several physician specialties. The largest shortages exist for internal medicine (need exists for 5 more physicians) and obstetrics and gynecology (4 more physicians needed). An additional 2 physicians are needed for each of the following specialties: pediatrics, general and family practice, cardiology, and psychiatry. Only one dentist and one psychiatrist are accepting Medi-Cal patients.	The shortage of obstetricians and gynecologists could be an important factor in the declining percentage of pregnant women entering prenatal care in the first trimester. A shortage of pediatricians also makes it more difficult for children to receive needed health care services such as well-baby, well-child visits, and treatment for illnesses and general health problems that arise.

*Note: Data was not available on the percentage of children and families who have health insurance. This is an issue that should be studied further, as studies prove that children who are not covered by health insurance are less likely to have a regular source of health care and are more likely to have gone without needed medical care.*

## Food Security

"Food insecurity" is defined as limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways. "Hunger" is defined as the uneasy or painful sensation caused by lack of food due to the recurrent and involuntary lack of access to food.

The Human Resources Council conducted a survey in 1999 that included 159 households from around the county with almost 600 people living in those households. 32% of these households reported being “food insecure with hunger” and an additional 28% were food insecure without hunger. Most of the households surveyed – over 80% – had at least one child age 0-17, clearly indicating that children and youth are being affected by inadequate food supplies. Also, 65% of the household providing income information were living below 100% of the poverty level and another 28% were living between 100% and 185% of the poverty level, underscoring the direct relationship between income and hunger (source: “Voices Of The People” Hunger Report 2000 for Calaveras County).

The Calaveras County Food Bank served an average of 250 families per month in 2001, of which 35% were families with children age 0-5. This is a 42% increase in families served over 1999 levels (source: Calaveras Head Start / State Preschool Updated Community Assessment Summary, 2001-2002). This is occurring at a time when food stamp use is declining significantly in the county; there were 2,154 recipients of food stamps in the county in 1999, a 31% drop over 1997 levels.

Factors motivating people to seek emergency food assistance include unusual family expenses, recent job loss or continued unemployment, separation from spouse, and delays in getting other forms of assistance (source: “Voices Of The People” Hunger Report 2000 for Calaveras County).

#### ***What is the Effect of Hunger on Children?***

Food insecurity and particularly hunger can greatly affect the health, development, and behavior of children. Studies show that malnutrition and under nutrition hurts cognitive development and academic achievement, as evidenced by conditions such as decreased learning ability, lower attention levels, and more school absences due to illness. In short, hunger hurts.

## ***Housing***

### **ACCESS TO ADEQUATE HOUSING**

According to US Census 2000 data, 78.7% of Calaveras County households in housing units own their housing and the other 21.3% are renting. 425 people were not living in housing units, i.e. were homeless.

The rental vacancy rate among housing units intended for full-time use was 3.6% and there were 231 vacant rental units intended for full-time use in 2000, indicating that availability of affordable rental housing could be a problem for some families. This issue could increase as the population grows because the number of new housing unit additions has slowed significantly since 1995. According to the July 2002 Calaveras County Economic Development Strategic Plan:

- From 1990 to 2000, a total of 3,669 single-family housing units were added in Calaveras County. However, 70% of those were constructed from 1990 – 1995 and only 30% (1,110 units) were added from 1996 – 2000.

- From 1990 – 1995, 35 new multi-family structures (apartment buildings, condominiums and similar units) were constructed, but none were added from 1996 – 2000.

700 households or 4.2% of all housing units had more than one occupant per room in 2000, which is how the U.S. Department of Housing and Urban Development (HUD) defines overcrowding. Of these, 284 households or 1.7% of all housing units met the criteria for severe overcrowding of more than 1.5 occupants per room.

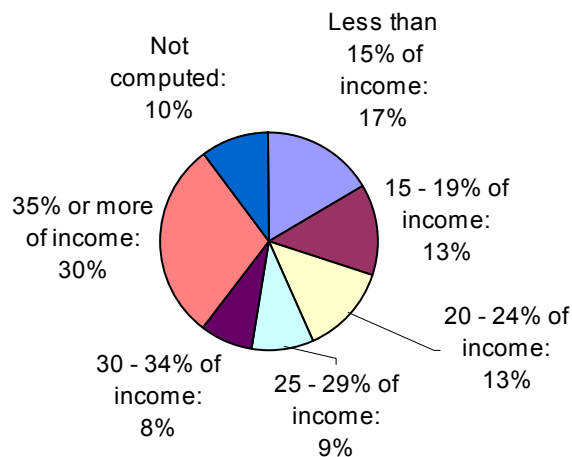
## COST OF HOUSING

Data from the 2000 US Census suggests that the primary challenge of families related to housing is the cost, and especially for families who rent. The U.S. Department of Housing and Urban Development considers it to be a “cost burden” if more than 30% of gross income must be spent on total housing costs including basic utilities like electricity, gas, and water. Of the 3,214 households occupying rental units, 37.2% of them spent more than 30% of their total income on rent alone in 1999. By contrast, 31.8% of households who own their housing spent more than 30% of their income on their mortgage and selected other monthly costs of home ownership.

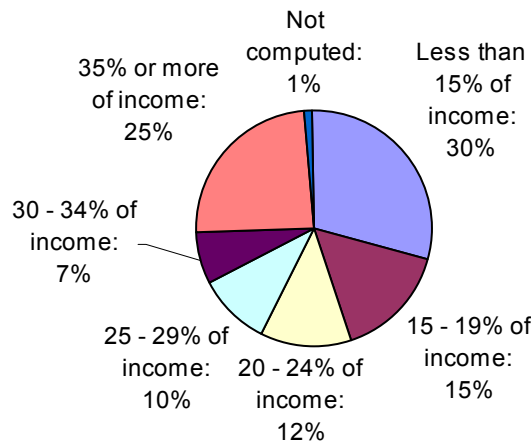
It is also becoming increasingly difficult for low-income families to obtain help in paying for adequate housing. As noted in the Calaveras Head Start State Preschool Community

Assessment Summary from July 2000, the number of HUD Section 8 certificates for subsidized

**Renters: % of Income Spent on Rent, 1999**



**Owners: % of Income Spent on Home Ownership Costs, 1999**



housing assistance available for low-income families has not increased in almost ten years, although the county population has grown by over 10,000 persons. Under new criteria, preference is given to families at less than 30% of the county median income, or \$10,399 in 1999. The Central Sierra Planning Council that administers Section 8 certificates is finding that most of their new clients are people receiving SSI who are over age 65 or disabled. Many of the working poor will no longer be eligible under these criteria.



## **Child Care and Early Childhood Education**

Child care is an important need for many families. In Calaveras County, 52% of children ages 0-13 live in households where both parents are employed or there is a single head of household who works. For most of these families, the ability to obtain affordable child care makes a huge difference in their ability to afford other services, such as health and dental care, or even the ability of parents to afford adequate housing or to stay employed.

### **Why is Quality Early Care and Education Important?**

The type and quality of child care and education in the preschool years can make a lasting impact on the lives of children – and on the communities in which they live.

One recent study that followed the lives of 1,400 children over a 15 year period found that, compared to their peers, at-risk children who attended quality child care programs as preschoolers are:

- 33% less likely to be arrested as juveniles
- 42% less likely to be arrested for violent crime
- 40% less likely to lose a grade in school
- 41% less likely to be in special education
- 51% less likely to be a victim of child abuse or neglect
- 29% more likely to complete high school

*Source: The Chicago Longitudinal Study, 2000. Since 1986, researchers followed 900 children from low-income families who participated in the city's Child-Parent Center Program beginning at age three and 500 low-income children of the same age who did not attend the program.*

Another study took 123 children who had been born in poverty and, as 3 and 4-year olds, had been randomly divided into one group who received a high-quality preschool program and a comparison group who received no preschool program. These children were then followed for over twenty years. At age 27, the group that had attended the quality preschool program was:

- Less than 1/5 as likely to have been arrested repeatedly (five or more times)
- Less than 1/3 as likely to have ever been arrested for drug dealing
- 33% more likely to have completed high school
- Four times more likely to earn at least \$2,000 a month
- Almost three times more likely to own their own home

*Source: High/Scope Educational Research Foundation, based on a study conducted in Ypsilanti, Michigan, a suburban area approximately 30 miles west of Detroit.*

The table below highlights key characteristics related to the availability of child care within Calaveras County.

Average annual cost of full-time, licensed care in a center for an infant up to 24 months	\$4,320 (source: 2001 California Child Care Portfolio). By comparison, the average annual tuition and fees at University of California schools is \$4,261, making the provision of full-time child care for an infant or toddler equivalent to the cost of sending a child to college.
Care for two children as % of median income	23%
Average salary of child care workers	\$17,420 for a child care worker and \$21,130 for a preschool teacher. This compares to a \$25,433 entry-level salary for a public school teacher (source: 2001 California Child Care Portfolio). In recent surveys, 95% of respondents earned less than \$30,000 as child care providers. Thirty percent of family child care home providers have an hourly wage of less than \$8.00 (source: 2002 survey report for the Calaveras Child Care Council).
Number of child care slots:	
• Preschools and child care centers	
▪ Slots for infants	22 slots
▪ Slots for ages 2-5	393 slots
▪ Slots to ages 6 and over	22 slots
• Family child care homes	338 slots
• Total number of slots available	775 slots (source: 2001 California Child Care Portfolio)
Unmet need	There are an estimated 3,560 children needing child care but only 775 licensed child care slots in the county. This means that the current supply of licensed child care meets only 22% of the estimated need for licensed care for children of all ages. (source: 2001 California Child Care Portfolio)
Care available during non-traditional hours	In 2000, only one child care center offered care during non-traditional hours. Care during non-traditional hours was available in 18% of family child care homes, representing about 60 slots.

Other issues and indicators related to child care are:

- ***Overall capacity of child care services.*** The number of licensed child care slots has declined significantly in the last three years while the county's population has grown. The March 1999 Calaveras Child Care Needs Assessment report from the Calaveras Child Care Council indicated that 979 slots were available in 1997, compared to 775 slots in 2000 per the California Child Care Portfolio – a 21% reduction.
- ***Types of child care being used.*** 54% of children in child care are placed in public programs – school district programs, before / after-school programs, Head Start / State Preschool. Head Start / State Preschools are licensed programs providing part day preschool services. Another 34% of children are in licensed child care centers and family care homes. 13% are placed with relatives or unlicensed non-relatives (source: 2002 survey report for the Calaveras Child Care Council).
- ***Subsidized care.*** In 1999 there were 266 families with 440 children receiving subsidized child care. In 2000 the number of families served increased by 5%, and the number of children increased by nearly 10%, to 280 and 458 respectively. In 2001 these numbers increased yet again, to 291 families with 459 children receiving subsidized child care. However, the number of families and children eligible for subsidized care is still greater than services available. At the end of 2002, there were 147 families with 287 children eligible and on a waiting list for subsidized care. Slightly more than 60% of those families live in Angels Camp, San Andreas, or the Valley Springs/Jenny Lind areas, with the remaining families dispersed throughout the county. Current funding for subsidized care covers less than two-thirds of the eligible children in the county.
- ***Quality of care.*** Parents and guardians in Calaveras County give high marks to local child care providers on the quality of care provided. 82% of respondents to a recent survey rated their provider as above average or excellent in providing a safe environment for children. 81% said their provider was above average or excellent in offering an enriching environment for children, and 74% said their provider was above average or excellent in having information about early care and education development needs. Conversely, less than 5% of respondents rated their provider as below average or poor in any area (source: 2002 survey report for the Calaveras Child Care Council).
- ***Care for children with special needs.*** Fifty percent of 104 providers responding to a 2002 survey stated they care for children with disabilities. Of this group, 82% had between one and five children with disabilities in their care. These children frequently had more than one disability (source: 2002 survey report for the Calaveras Child Care Council).
- ***Barriers to accessing child care.*** The issues rated by 214 people responding to a recent survey as either a “large barrier” or “very large barrier” to obtaining child care are:
  - Cost of care – 27%
  - Type of care available – 18%
  - Quality of care – 17%
  - Hours/days of week that care is offered – 16%

- Location of care – 16%
  - Transporting children to/from care – 12%
- (source: 2002 survey report for the Calaveras Child Care Council)
- ***Impacts of child care challenges.*** In a recent survey, 47% of parents who were unable to find child care stayed home with their child, most of the time calling in sick to do so (source: 2002 survey report for the Calaveras Child Care Council).
  - ***Child care workforce in Calaveras County.*** Fifteen percent of the child care providers in the county have less than one year experience as providers. Eleven percent of providers surveyed said they wanted to become teachers and saw child care as a vehicle for doing that (source: 2002 survey report for the Calaveras Child Care Council). In general, the relatively low wages paid to early care and education workers and other challenges such as the limited availability of training have combined to create a crisis in the child care workforce within the county.

## ***Primary and Secondary Education***

Primary and secondary education is provided to children and youth in Calaveras County through four school districts. The Calaveras Unified School District includes Calaveras High School, Toyon Middle School in San Andreas, and elementary schools in Jenny Lind, Valley Springs, San Andreas, Mokelumne Hill, Rail Road Flat, and West Point. The Mark Twain Union Elementary School District contains Mark Twain Union Elementary School in Angels Camp and Copperopolis Elementary School in Copperopolis. The Vallecito Union School District contains elementary and middle schools in the Avery area. The Bret Harte Union High School District includes Bret Harte Union High School and alternative education programs. In addition to the school districts, the Calaveras County Office of Education offers various youth and adult education programs.

Calaveras County's children and youth are doing well with their education, based on the results of standardized tests issued to all children in California.. Further more, no school in the county has an Academic Performance Index, an overall measure of the performance of students on standardized tests, below 5 on a scale of 1 to 10, with most schools at an excellent 7 or 8 level.

The table below shows 2001 academic testing result breakdowns by school, as reported to the California Department of Education.

School	2001 API Rank (*)	2001 STAR Percentile Rank (**)
Copperopolis Elementary	7	Combined into Mark Twain Elementary scores (see below)
Hazel Fischer School	8	Math – 70% Reading – 74%
Jenny Lind Elementary	5	Math – 48% Reading – 51%

School	2001 API Rank (*)	2001 STAR Percentile Rank (**)
Mark Twain Elementary	7	Math – 60% Reading – 63%
Michelson Elementary	8	Combined into Fischer Elementary scores (see above)
San Andreas Elementary	6	Math – 61% Reading – 55%
Valley Springs Elementary	5	Math – 51% Reading – 56%
West Point Elementary	4	Math – 50% Reading – 49%
Avery Middle	8	Combined into Fischer Elementary scores (see above)
Toyon Middle	8	Math – 68% Reading – 72%
Bret Harte Union High	8	Math – 53% Reading – 47%
Calaveras High	7	Math – 54% Reading – 43%

\* This is the Academic Performance Index ranking of the school on a statewide basis, on a scale of 1 to 10 with 1 being the lowest overall ranking based on Stanford 9 or STAR test results, and 10 being the highest.

\*\* Percentage of students who score at or above the 50<sup>th</sup> percentile on standardized reading and math tests.

Other issues and indicators related to primary and secondary education are:

- ***High school dropouts.*** From 1997 – 1999, there were an average of 44 dropouts in grades 9 – 12 or 2.0% of all high school students. This was the 14<sup>th</sup> lowest dropout rate in the state; the average dropout rate for all of California is 3.0%. These numbers have stayed consistent in more recent years; there were 45 total dropouts in the 2000-01 school year, a rate of 1.9% of all high school students that year.
- ***High school graduates meeting requirements for UC/CSU schools.*** One measure of educational success is the percentage of high school graduates that have met the course requirements that would allow them to enter a University of California (UC) or California State University (CSU) school. For the period 1997 – 1999, an average of 30.7% of Calaveras County's high school graduates had met the UC/CSU entrance requirements. This was a relatively low rate, ranking the county 36<sup>th</sup> out of the state's 58 counties. By comparison, the overall state average was 36.0% and the top ranked county (San Francisco) was at 60.6%. However, the rate improved noticeably to 42.1% in the 1999-2000 school year and this upward trend has continued, reaching 44.4% in the 2000-01 school year.
- ***Educational attainment of adults.*** Of adults age 25 and over in Calaveras County, 4.3% have less than a 9<sup>th</sup> grade education, 13.3% reached 9<sup>th</sup> to 12<sup>th</sup> grade with no diploma,

31.3% are high school graduates or equivalents, 26.2% have some college but no degree, 7.7% have an Associate degree, 10.5% have a Bachelor's degree, and 6.6% have a graduate or professional degree (source: US Census 2000). 26% of babies born in 1999 were to mothers with less than 12 years of education (source: Children Now, California County Data Book 2001).

- **Private schools.** Few students are enrolled in private schools within Calaveras County. Total private school enrollment in 2001, per RAND California, was 89 students combined for grades K – 7, representing 2% of the total student population.

## **Crime**

While the county has enjoyed a relatively low and stable crime rate in past years, violent crime rates increased dramatically in 2001. There were 460 total felony arrests in 2000, of which 166 were for violent offenses (including 2 homicides and 1 rape), 143 for drug offenses, and 104 property offenses. The number of violent crimes increased to 526 in 2001, of which 201 were for violent offenses which included 5 forcible rapes and 1 robbery. Minor decreases were seen in drug offenses and property offenses.

Compare this to statewide figures for 2000 of 459,632 total felony arrests, of which 29% were violent offenses (including 1,627 homicides, 2,702 rapes), 28% were drug offenses, and 27% were property offenses. Figures remained relatively stable in 2001 with 472,677 total felony arrests statewide, of which 29% were violent offenses (with 1,754 homicides and 2,730 rapes), 26% were drug offenses, and 28% were property offenses.

Juvenile crime was also relatively low in 2000, with 33 juvenile felony arrests (over half of which were for property offenses rather than violence or drugs) and 164 misdemeanor arrests (source: California Department of Justice). 2001, however, saw more than twice the number of juvenile felony arrests with a total of 76, 37% of which were violent offenses (27 out of 28 violent offenses were reported as assault).

Once again, compare these to 63,889 statewide juvenile felony arrests in 2000, of which 36% were violent crimes and drug offenses. These numbers remained relatively stable in 2001 with 63,993 juvenile felony arrests of which 37% were violent crimes and drug offenses.

The Calaveras County Comprehensive Multiagency Juvenile Justice Plan adopted in 2001 has the following notes about the local characteristics of juvenile crime:

Juvenile crime in Calaveras County shares much in common with other small, rural California counties. Juvenile offenders are generally less criminally sophisticated than their big city brethren. Serious and violent felony offenses are rare.

There are no active criminal street gangs known to exist in the County. There are, however, minors (generally with attachments to larger Valley communities) who model gang attire and behaviors.

Drug offenses are primarily possession of small amounts of illegal substances. Marijuana possession is most common. Methamphetamine possession has increased during the past few years. Drug sales are limited to hand-to-hand transactions of small amounts. Sales generally occur among friends or acquaintances. We are not aware of large scale or organized “drug rings”. No minors have been arrested on drug manufacturing charges. A few marijuana cultivation (small scale) offenses have occurred.

## ***Child Abuse and Domestic Violence***

There were 975 reports of child abuse in Calaveras County in 2000, ranking the county in the bottom 25% of the state in terms of child abuse reports (source: Children Now, California County Data Book 2001). This is a noticeable increase from the 696 reports of child abuse in 1998-99 as identified by Child Protective services. Child abuse reports cover cases of suspected neglect to physical/sexual abuse. Over 85% of child abuse cases and other crimes of violence have drugs and/or alcohol as a factor. One death of a child due to abuse was reported in the three-year period 1998 – 2000.

Calaveras County has experienced high rates of child abuse for many years. To illustrate, in 1997-98 there were 1,255 reports of child abuse in the county; 1996-97 had 1,219 reports, and 1995-96 had 1,318 reports (source: Calaveras Partnerships for Healthy Children, Child and Family Profile, August 1998 and 2000 Annual Evaluation Report).

Children are also affected by violence between their parents and other violence in the household. As indicators of the extent of domestic violence, the Calaveras County Women’s Crisis Center obtained 625 restraining orders in 1998 out of approximately 16,000 total households. In a one-year period from 1998-99, 52 women and children were sheltered and 1,595 calls were handled on the Center’s hot line.

Per the California Department of Justice as reported by RAND California, there were 138 calls to law enforcement in Calaveras County in 1999 for domestic violence involving weapons. This compares to 186,406 total domestic violence calls statewide (source: California Department of Justice).

## ***Parent Support***

No previous studies have been identified that quantified the extent to which parents and other caregivers seek additional information and support to help with their parenting. However, there is a significant amount of information from previous community focus groups, public meetings, and other sources suggesting there is a need for additional support to parents. Examples of relevant statements found in other reports and studies are:

- The summary of Calaveras County needs assessments prepared in 2000 for the Calaveras County Children and Families Commission notes a primary concern is “inadequate support for improving parenting skills and family functioning.”

- In response to a survey issued by the Calaveras County Children and Families Commission asking “what do you think is needed to support Calaveras County parents in building strong families,” the top response was “information about raising children.” Other responses in the top five were “counseling for individual or family problems” (#4) and “support group for parents” (#5).
- According to the July 2000 Calaveras Head Start State Preschool Community Assessment Summary, 6% of parents with children enrolled in Head Start made specific requests for assistance with parenting classes.
- A July 1999 report of the Tri-County (Calaveras, Amador and Tuolumne) Superior Courts Service Project focused on identification of Court and community services for families in crisis and concluded that “with an estimate of ten to fifteen families each week who are denied services, at the very least, due to a lack of availability, there is a serious void for families (in crisis) in the tri-county communities.”

## ***Children with Disabilities and Other Special Needs***

“Special needs” refers to persons who have a disabling condition such as autism, deaf-blindness, hearing impairments, visual impairments, mental retardation, speech or language impairments, orthopedic impairment, learning disabilities, traumatic brain injury or serious emotional disturbance.

A survey conducted in 2002 of families using child care, with 246 responses, showed that 14% of families have children with disabilities and other special needs. Ranked by the most significant disability or special need of the child:

- 30% with Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder
- 24% with learning disabilities
- 13% with mental and/or emotional disabilities
- 11% with behavioral disabilities
- 4% with physical disabilities
- 18% other

(source: 2002 survey report for the Calaveras Child Care Council)

In December 2001, as reported to the California Department of Education, there were 824 children and youth age 18 and under in Calaveras County enrolled in special education. Ranked by the primary need or disability:

- 49% (407 children) have a specific learning disability
- 28% (231 children) have a speech or language impairment
- 12% (101 children) with physical impairments including visual impairment, orthopedic impairment, deaf-blindness, hard of hearing, and other health impairments
- 4% (36 children) with mental retardation
- 4% (29 children) with emotional disturbances
- 2% (19 children) with autism



- 3 children with traumatic brain injuries or multiple disabilities

## ***Transportation***

Transportation has historically been a major challenge for families living in Calaveras County. Transportation is necessary for most families to access services such as health and dental care, education, and government services. Challenges with transportation to out-of-area specialized services was ranked as the #7 issue needed by families according to a 2000 survey conducted by the Calaveras County Children and Families Commission.

The Calaveras County Comprehensive Multiagency Juvenile Justice Plan adopted in 2001 notes that “availability of public transportation has improved in the past year. Compact buses now travel to most communities with service to and from the Government Center (in San Andreas). However, the very isolation (desired by some citizens) can make access to this resource difficult. Additionally, bus schedules are not regular, with few trips each day, which makes planning trips difficult and adds hours of downtime to each trip.”

It is worth noting that a survey conducted in 1999 in Glencoe, West Point, Rail Road Flat and Wilseyville, with 328 residents responding, asked if people would use public transportation if it were available. 29% of households said they would use it to shop, 19% would use it to go to work, and 20% would use it to go to the government center (source: 1999 Calaveras Community Renewal Project report). Of those surveyed, 55% said they would not use public transportation even if it were available, although it is not clear how many of these respondents have their own transportation and would not use public transportation mainly as a matter of convenience.

## 5. VISIONS OF THE FUTURE

The central purpose for preparing this report is to deliver objective information to use in creating a bright future for Calaveras County's children and youth. Parents, service providers, government, businesses, and even children and youth themselves need to join together around a shared vision that defines the kind of future we are trying to create for children and families. Our Children, Our Community advocates have therefore asked people throughout the county to describe their vision for the future of their community – their hopes and dreams for what the community will be like five or ten years from now. The responses are contained in this section, along with community visions developed during other planning processes in the last five years.

### ***Current Perspectives***

When community members were asked to describe the best future for Calaveras County children and youth, six major themes emerged which dealt with schools / education; recreation facilities and activities; human service programs and supports; health access; planned growth and good jobs; and countywide collaborations. Not surprisingly, respondents describe a future in which the current concerns and problems do not exist, or exist to a much lesser degree. Most respondents described a future in which a combination of one or more of the following futures exists:

1. **Improved/expanded schools and education opportunities.** The education system would address the needs of the county's youngest children and provide ongoing learning opportunities for youth and adults. There would be schools in each community, and they would address the different learning styles and needs of residents. School facilities would be used more broadly by the communities for meetings and as places where youth could congregate and participate in non-school related activities. Educational standards would be high and students would have links with the community via mentoring, internships and volunteer activities.
2. **Facilities and activities for children, youth, and families.** Each community would have recreation and/or cultural facilities where families and their children could participate in a wide variety of activities. These community centers would meet the needs of children of all ages and be open throughout the year. Parks and other recreation options (skateboard parks, movie theaters, etc.) would be in place throughout the county. And children and youth would be able to access these facilities by using safe and reliable public transportation options.
3. **Available, affordable, accessible human service programs and resources to support children/families.** Individuals and families would have easy access to needed resources and supports, either through locally based services or home visiting programs. Eligibility for assistance would be expanded so that any family needing assistance in providing for and raising a family could participate. Programs and services would be well staffed and funded, and be offered based on the real needs of the county's residents.

4. **Available, affordable, accessible medical, dental, and mental health services, including prevention/treatment services.** There would be a variety of medical, dental and mental health providers available throughout the county that accept Medi-Cal and other insurance. Preventative care would be the norm, and the early identification of health related issues would result in care being provided in a timely manner. Families would have the ability to pay for services, either through insurance programs, or because services were affordable. A variety of prevention, intervention and treatment options would be available and no children or youth would go without needed services.
5. **Planned growth resulting in increased job opportunities and higher compensation while retaining the small town atmosphere, traditions and safety currently enjoyed.** The quality of life in Calaveras County would be preserved at the same time as residents were benefiting from increased job opportunities and higher wages resulting from planned growth. The infrastructure to support growth, including affordable housing, transportation, and additional public services resources would be built and maintained as the county grows at a slow, measured pace. And, all the while the friendly, caring nature of the communities would be maintained and the natural beauty and resources protected.
6. **Countywide collaborations to pool existing/available resources.** The existing resources and talents of Calaveras County would be used together to achieve results. Turf issues would not exist and communities would work together to leverage all available resources, rather than categorically funding and operating programs and services (e.g., children's services, senior services, disability services, etc.). Communities would focus on their collective assets rather than deficits and look for unique partnership opportunities to meet existing and emerging community needs.

## ***Past Perspectives***

### **COUNTYWIDE VISIONS**

The 1999 Calaveras Children's Summit involved over 125 county residents, including over 60 parents, in projecting how things *could be* five years into the future. The opinions expressed during the Summit give an excellent vision of the type of future sought by the participants. Major themes emerging from the Summit included the following:

- ◆ Accessible, integrated, expanded services would be developed with a focus on families and family support. These services and supports would promote safety at home and in schools and feelings of well-being. Adequate resources would exist in the areas of housing and health benefits, coupled with good access to well-funded programs in the area of safety, nutrition, and medical services.
- ◆ Community resource centers would be established, serving as clearinghouses for community education programs and entry points for families to access health services

and other community services. More generally, a strong family resource communication network would be developed.

- ◆ Public awareness about the importance of education would be raised, making education a top priority in the county. Education would be seen as a life-long activity through community education groups and available education opportunities for adults. The entire community, not just parents and those in the educational system, would be involved in collaborative efforts to improve education.
- ◆ Community supports would be augmented for families. This would include an economy that allows families at all income levels to survive and grow, characterized by more employment opportunities. In general, strength-based and prevention-oriented approaches would be used to support families.

### **GLENCOE, RAIL ROAD FLAT, WEST POINT, AND WILSEYVILLE**

In 1999, more than 200 residents in the Glencoe, Rail Road Flat, West Point and Wilseyville areas participated in a process to determine what actions to take in making their local economy more sustainable. As part of this process, the following community vision statement was developed:

Our vision is to work cooperatively to improve our communities. Our needs for employment, education, recreation, and basic services must be met in light of the things we value, those things that brought us here. In our decisions we want to demonstrate our respect for people of all ages; children, youth, adults and older adults.

We want to:

- Improve our ability to provide for our families economically by developing existing businesses and creating new businesses where needed. In keeping with the rural nature of our area we seek to encourage a variety of small businesses that meet the needs of the residents. We want to emphasize sustainable community renewal for long-term prosperity.
- Develop attractive, thriving town centers with a variety of businesses and services. Reliable transit to town centers, as well as safe access for pedestrians and non-motorized modes of travel are desirable.
- Assure the health of our residents through access to health care.
- Strengthen the sense of a unified community that increases the well being, safety, and security of our residents.
- Enhance our ability to grow through a variety of educational opportunities.
- Present a strong unified voice in communicating with the county government. We seek governmental recognition of the development needs of our businesses and assistance with obtaining variances in regulations.
- Encourage an active cultural environment that includes art, music, and theater that enriches the lives of area residents.
- Provide residents with the opportunity to utilize their skills and talents through employment, volunteerism and mentoring or apprentice programs.
- Promote celebration of/appreciation of our local history: gold, timber, Indian, and ethnic diversity of the area. We seek to preserve our historical buildings and sites.

- Support good air quality and watershed management; clean, free-flowing rivers, healthy forests, clean air, and preservation of wild areas.
- Develop recreational areas for all residents with opportunities for family recreation and safe areas for children and youth activities.

Four specific goals were established through the process:

- 1) Establish community learning centers to teach new skills to adults and youth;
- 2) Build the local youth center into a self-sustaining organization with a skate park;
- 3) Create a community switchboard/network to link residents, businesses and resources; and
- 4) Invest in downtown beautification for West Point and Rail Road Flat.

Although this planning process was not specific to the needs of children and youth, it contains many elements that directly impact children and offers valuable insights into the desires of residents in the northeast portion of the county.

## 6. GAPS IN AVAILABLE INFORMATION

One of the objectives in compiling this report was to identify gaps in the available data about the needs of children and youth. Several gaps have been identified, which are outlined below. An initial caution is that it probably would not be cost effective to attempt to do additional data collection and analysis on every one of these issues. The recommended approach is to perform an additional triage of the gaps based on what is known in order to select the issues where the most value is likely to be realized from additional data collection.

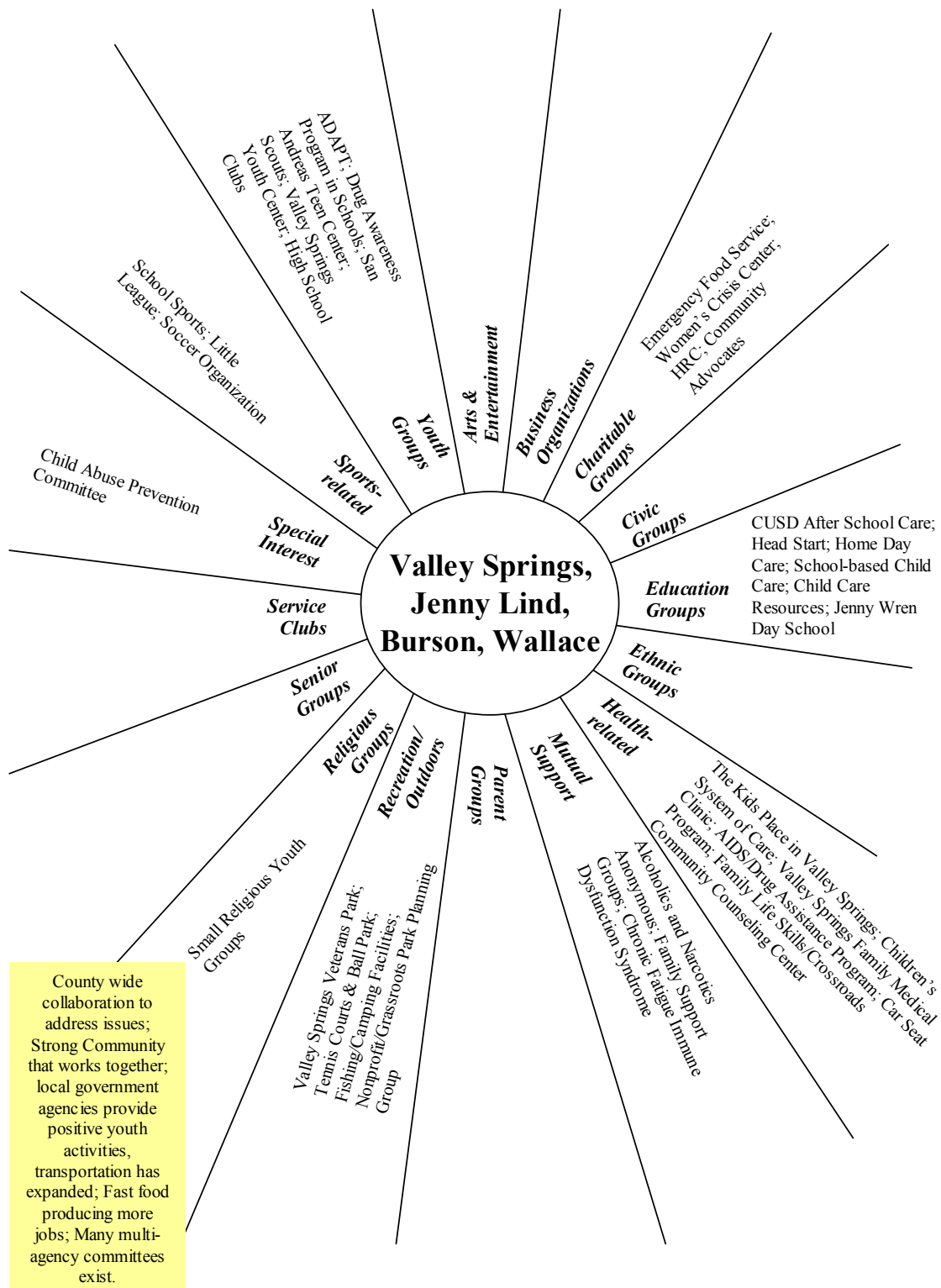
The main gaps in information identified to date, which are not listed in any particular order, are:

- Detailed statistics and information related to drug and alcohol outpatient programs for children 0-18 could be obtained to determine exact numbers of persons served, the nature of problems, and services provided.
- Much of the public health data is maintained by the state. Local public health data could be gathered, broken down by age group to include information on obesity and tobacco use among the 0-18 population. Anecdotal information could also be gathered and analyzed to provide a more complete picture of childhood health in the county.
- Needs and concerns of Spanish speaking families (projected to reach 10% of the total population) were not adequately captured. Surveys could be issued in Spanish and community presentations could be offered in Spanish (or with translators) to gather additional data and opinions.
- Needs and concerns of community members that are not part of any organized group, or do who not participate in community events were likely to have been missed due to the approach taken for data gathering.
- An expanded volunteer skills inventory could be taken to determine the actual numbers of people volunteering, the type of volunteer work performed, and locations; this would provide a more complete detail of the county's volunteer capacity.
- Interests and opinions of a larger sampling of children and youth could be gathered to determine their vision, concerns and solutions for improving the communities in which they live – especially related to the top priority areas.
- Comprehensive information about planning efforts in progress, their goals and the resources needed to achieve results.

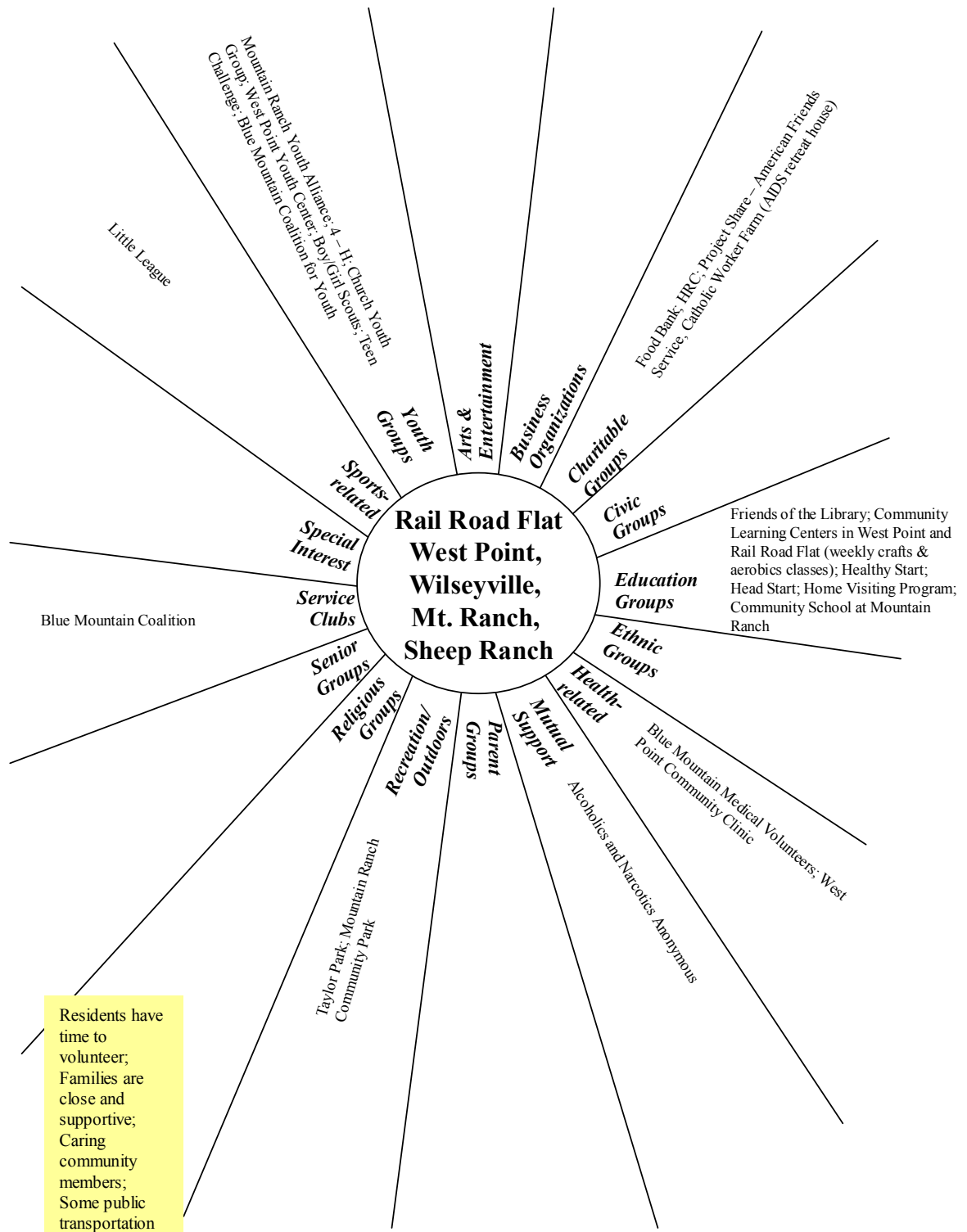
Keeping these gaps in mind as the community moves forward with producing a 10-year master plan for children and youth will allow participants to determine when, if and how additional information should be gathered.

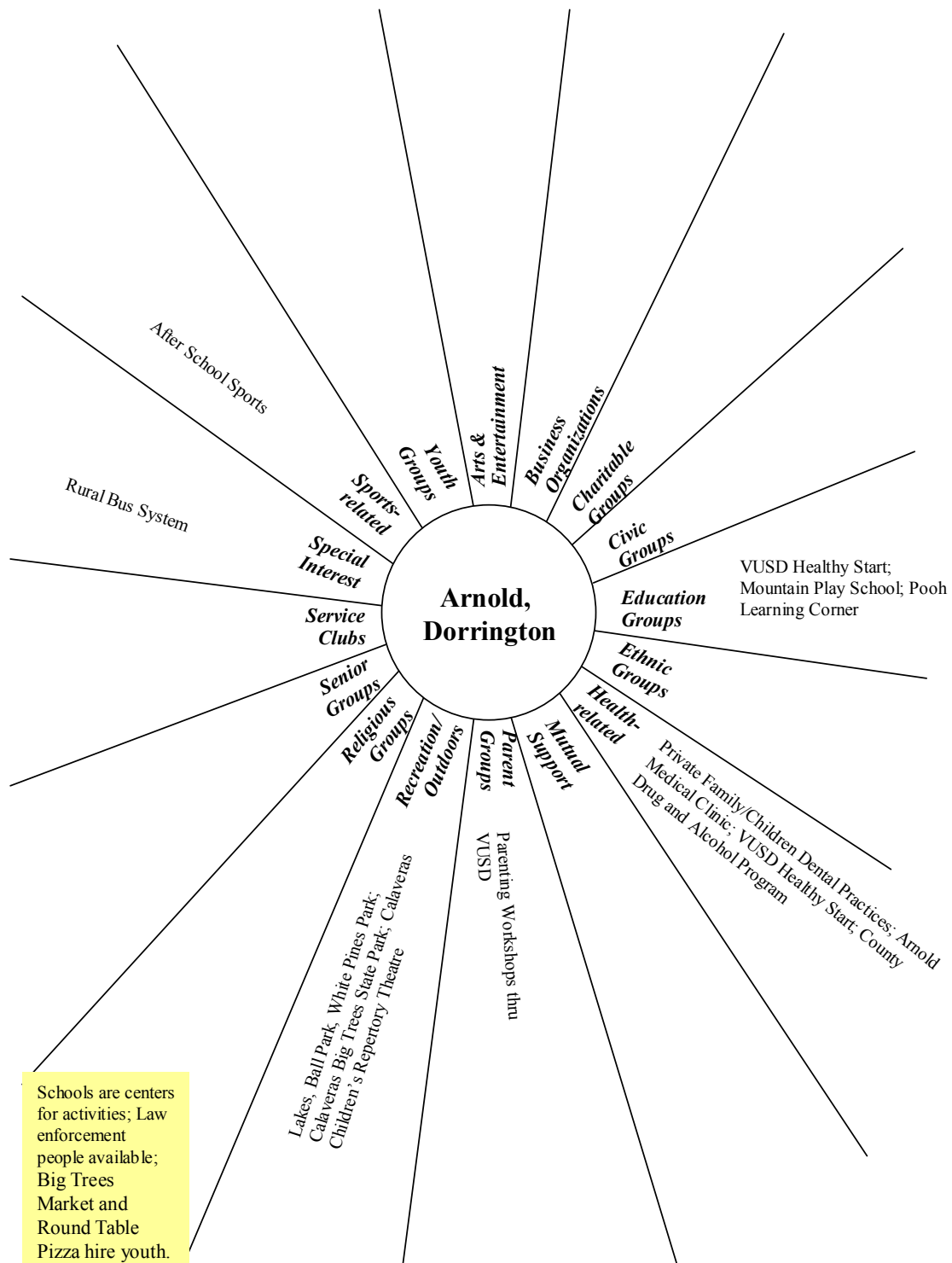
## **APPENDIX A: LOCAL ASSOCIATIONS BY COMMUNITY**

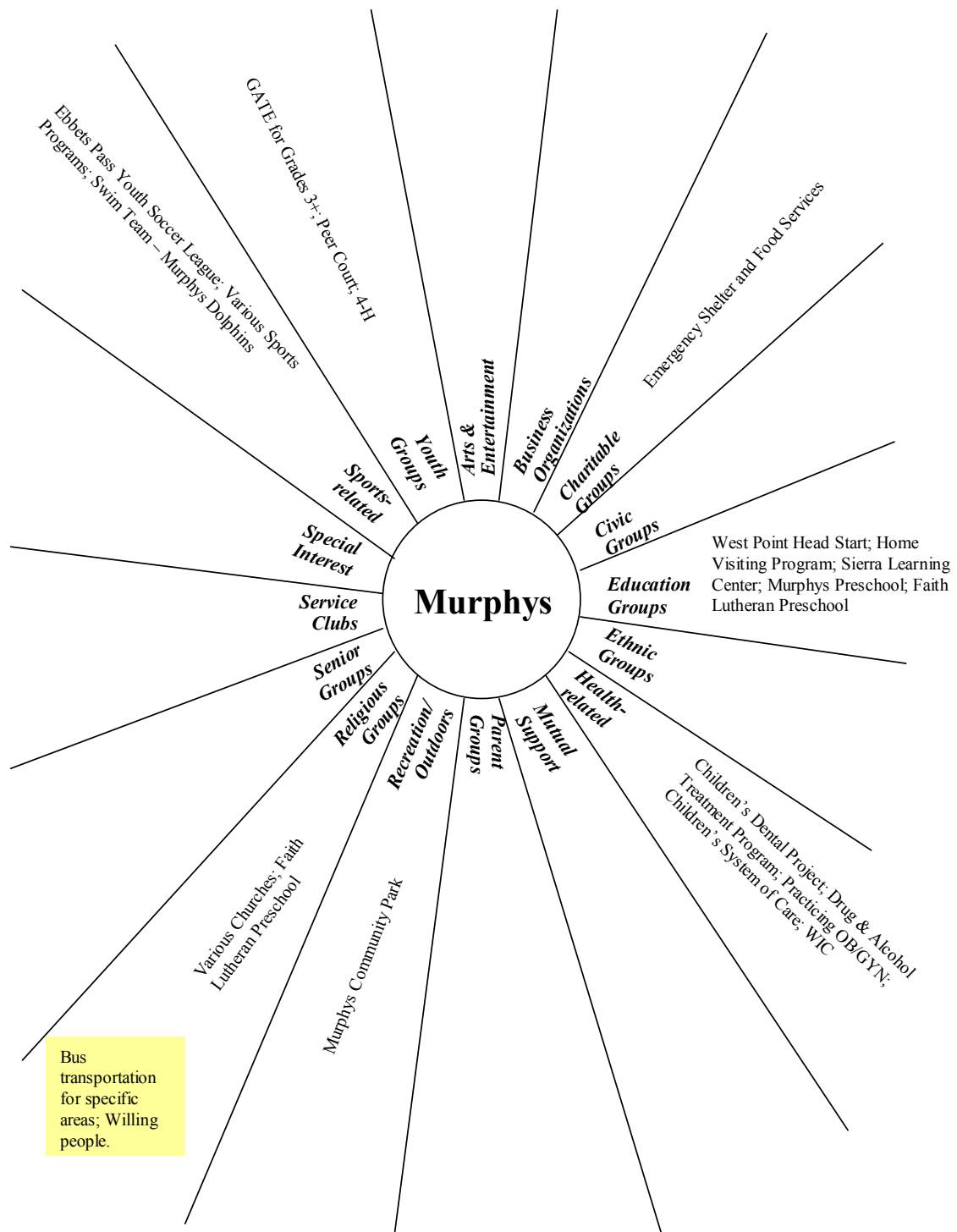
This appendix begins on the next page and contains a graphical depiction of all of the local groups and associations that have been identified so far within each of the county's population centers.

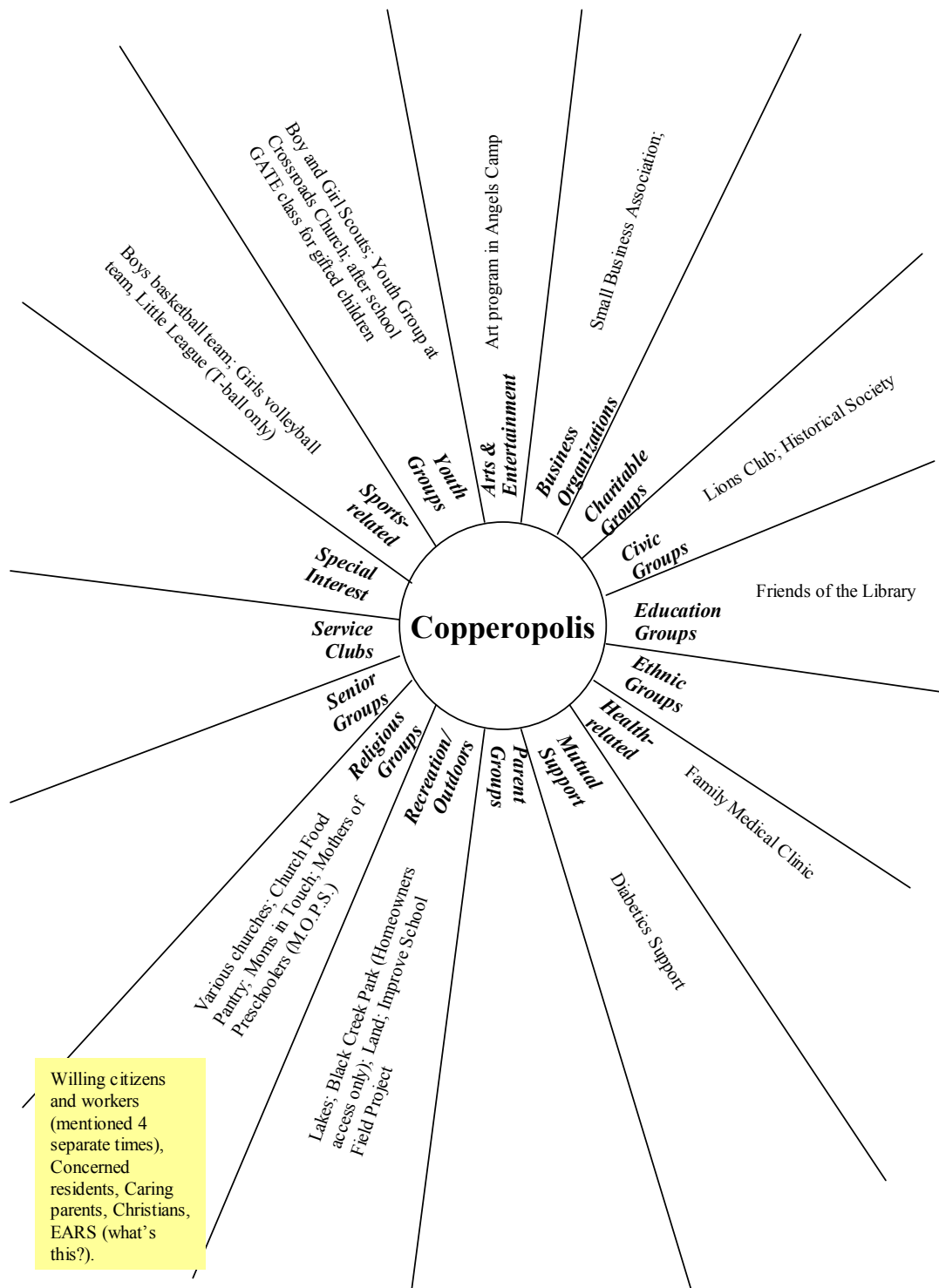


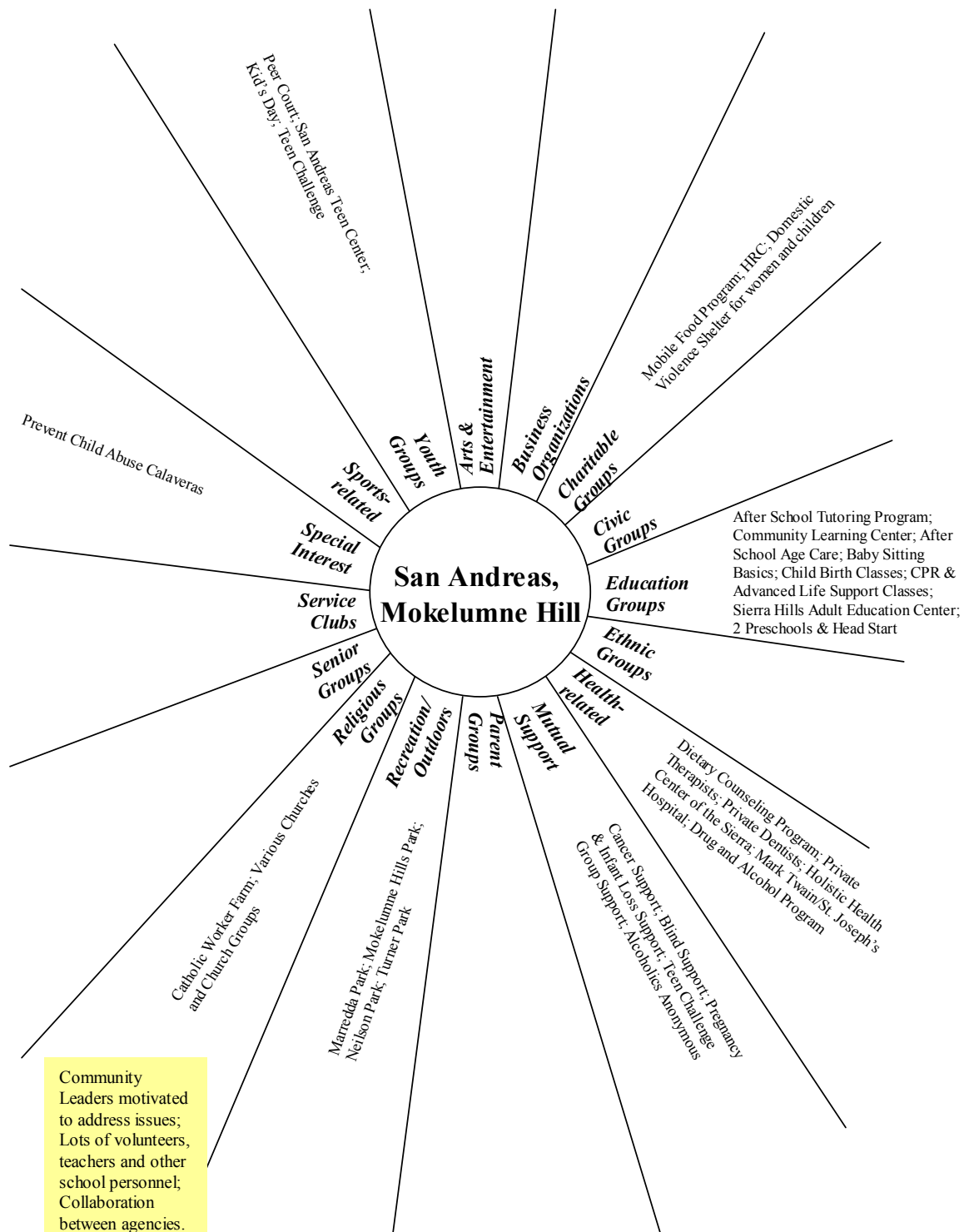


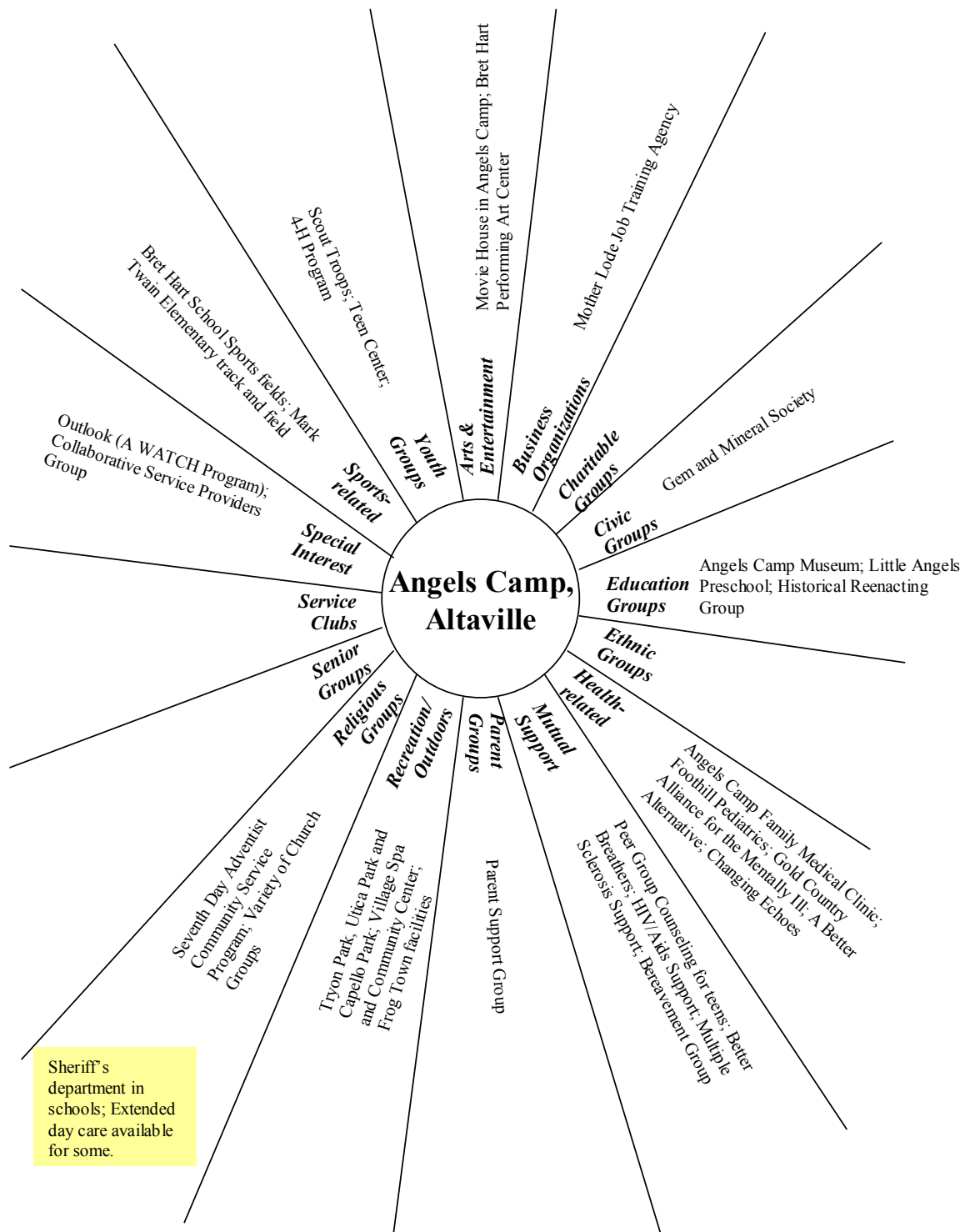


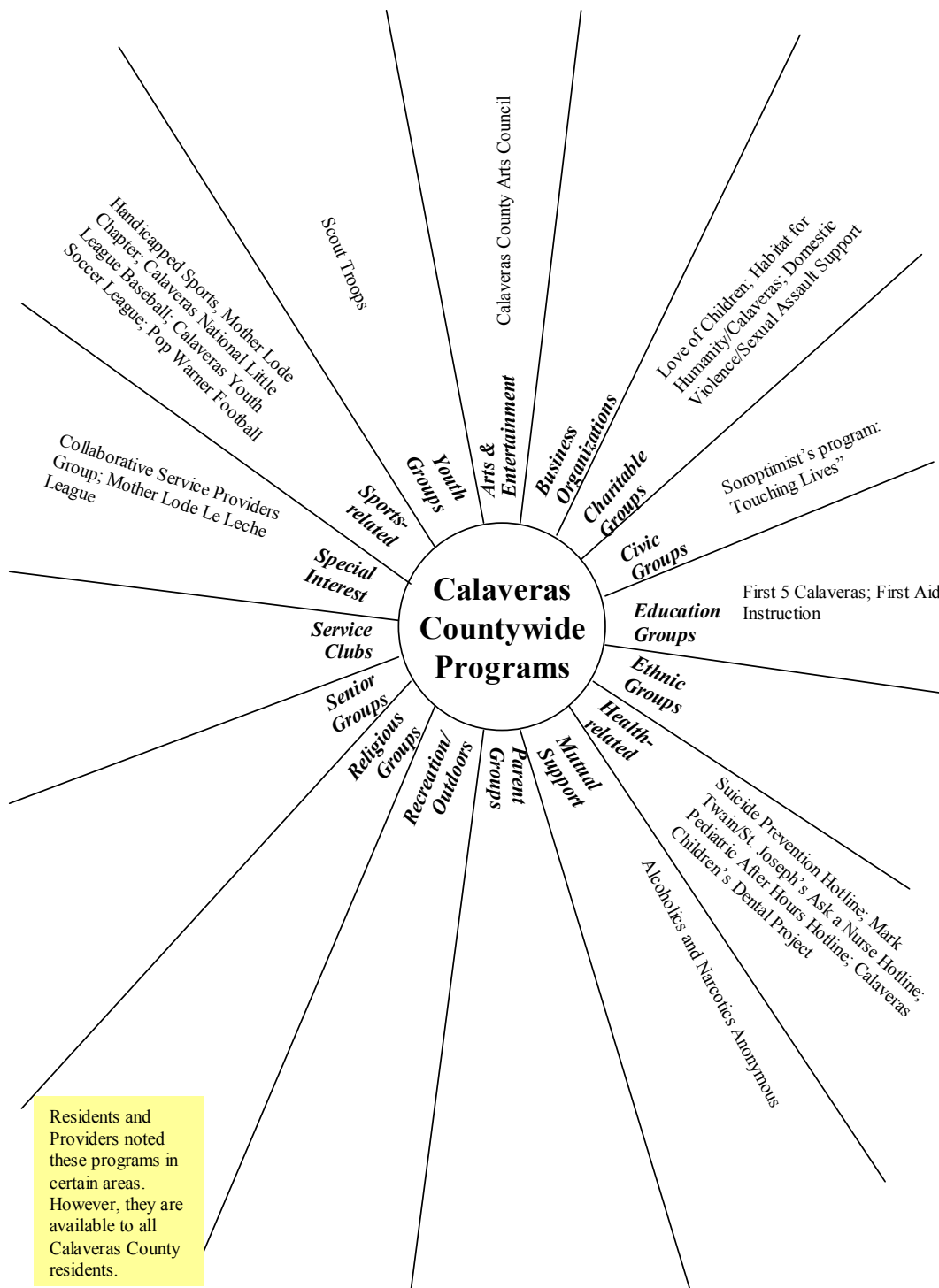












## APPENDIX B: DATA SOURCES

Listed below are various sources of information that were reviewed and incorporated into this report. These sources are in addition to the group meetings and one-on-one interviews conducted from September to December 2002 with community groups, area residents, and professionals who work actively with children, youth and families as described in section 1 of the report.

Bret Harte Union High School, *School Accountability Report Card 1998-99*.

Calaveras Alliance for Children, attachments F – H to report showing results of community assessment activities related to planning for children and families, 1995.

Calaveras Child Care Council, *2001 – 2006 Strategic Plan*, May 2001.

Calaveras Child Care Council, *Calaveras Child Care Needs Assessment Report*, March 1999.

Calaveras Child Care Council, *Early Care & Education Providers Compensation Summary Report*, May 2002.

Calaveras Child Care Council, *Survey Results for Calaveras County Child Care Providers & Families with Children in Child Care*, May 2002.

Calaveras Children's Summit '99, *A County Report Card*, 1999.

Calaveras County Chamber of Commerce, *Calaveras County Business Resource Directory*, 2002.

Calaveras County Children and Families Commission, *Strategic Plan for 2000 - 2003*, 2000.

Calaveras County Children and Families Commission, *Summary of Calaveras County Needs Assessments*, 2000.

Calaveras County Health Department, internal reports and statistics on births to Calaveras County residents from 1/1/2002 – 7/19/2002.

Calaveras County Juvenile Justice Commission, *Comprehensive Multiagency Juvenile Justice Plan to Reduce Juvenile Crime and Delinquency*, 2001.

Calaveras County Maternal Child and Adolescent Health Program, *Calaveras County Community Health Assessment and Local Maternal and Child Health Plan*, 1999.



Calaveras County Tobacco Prevention Program, *Activity Plan Progress Report*, July 2002.

Calaveras County Tobacco Prevention Program, *Asset Rating Report*, July 2001.

Calaveras Head Start State Preschool, *Community Assessment Summary*, July 2000 and related 2001 and 2002 updates.

*Calaveras Kids: A Year-Round Family Recreation & Resource Guide*, 2002 – 2003.

Calaveras Partnerships for Healthy Children, *Child & Family Profile*, August 1998.

Calaveras Partnerships for Healthy Children, *Final Evaluation Report*, October 2000.

California Child Care Resource & Referral Network, *The California Child Care Portfolio*, 2001.

California Department of Education – Educational Demographics Unit, various tables and reports on high school dropouts, graduation rates, and completion of UC/CSU course requirements by high school graduates for the 2000 – 2001 school year and prior years.

California Department of Education – Policy and Evaluation Division, various tables and reports with 2001 Academic Performance Index (API) and STAR standardized student testing results for Calaveras County as a whole and by school district, reports released in January 2002.

California Department of Education – Special Education Division, Special Education enrollment reports for Calaveras County, 2001.

California Department of Health Services, various tables and reports with statewide totals and county level breakdowns on births, teen births, initiation of prenatal care, and fetal deaths for 1990 – 2001.

California Department of Justice, tables with total felony arrests, total misdemeanor arrests, juvenile felony arrests and juvenile misdemeanor arrests, 1991 – 2000.

California Employment Development Department, Labor Market Information Division, Calaveras County Snapshot report for 2001 and various other reports and tables from 1997 – 2002.

California Office of Statewide Health Planning and Development (OSHPD), *Calaveras County Healthcare Information*, 2001.

Children Now, *California County Data Book*, 2000 and 2001.

F.J. McLaughlin & Associates for the Calaveras County Economic Development Company, *Economic Development Strategic Plan*, July 12, 2002.

Foothill Conservancy with the Sierra Nevada Alliance and Mokelumne Alliance for Community Renewal, *1999 Calaveras Community Renewal Project: Glencoe, Rail Road Flat, West Point, Wilseyville*, February 2000.

Gold Country Tobacco Prevention Coalition, *Gold Milestones – Coalition Building & Maintenance: Effective Tools for Change*, 2002.

Human Resources Council, Inc. – Community Emergency Services Programs and University of California Cooperative Extension – Calaveras County, *Calaveras County Hunger Report 2000: Voices Of The People*, 2000.

Mark Twain Saint Joseph's Hospital, Medical Staff Development Plan, August 5, 2002.

Mark Twain Saint Joseph's Hospital, Service Area Profile and Strategic Assessment, August 5, 2002.

Prevent Child Abuse Calaveras Council, *Calaveras County CAPIT/CBFRS Three-Year Plan*, 2001.

RAND California, various tables and reports gathered from public data sources on public health, crime, economics, child abuse, domestic violence, and substance abuse.

Tri-County Superior Courts Service Project, *Needs Assessment of Mandated and Voluntary Court Services for Families in Crisis*, June 1999.

Tri-County Superior Courts Service Project, *Needs Assessment Plan*, August 1999.

Tri-County Superior Courts Service Project, *Summary of Agency Identification and Services Available and Unavailable to Families in Crisis*, September 1999.

U.S. Census 2000, various reports and tables.

Vallecito Union School District, *Alcohol, Tobacco, Other Drug, Violence and Health Prevention Programs in California Schools: 2001 – 2002 Annual Reporting Form*, June 2002.

Vallecito Union School District Healthy Start, *2000 – 2001 Evaluation Report Narrative*, October 2001.

## APPENDIX C: COMMUNITY OUTREACH DETAIL

The following is a summary of the outreach activities conducted between October and December 2002.

- **3** training sessions conducted, 19 Community Advocates trained
- **138** provider surveys returned
- **179** resident surveys returned
- **63** meetings and outreach contacts resulting in the provider and resident surveys noted above, as follows
- Arnold/Avery/Dorrington Area
  1. Vallecito Unified School District Administration
  2. Sierra Macintosh Users Group
- Angels Camp/Altaville
  3. Altaville Post Office
  4. Angels Camp City Hall
  5. Angels Camp Information Center
  6. Angels Camp Museum
  7. Angels Camp Police Department
  8. Angels Camp Post Office
  9. Bret Harte Unified High School District
  10. Chevron Gas Station
  11. Exxon Gas Station
  12. Guaranty Federal Bank
  13. Kragen Auto Parts
  14. Mark Twain Elementary School
  15. Mark Twain Elementary School District
  16. Mark Twain Elementary School Teachers
  17. Napa Auto Parts
  18. Natural Food Store-Altaville
  19. Nellie Lous Antiques
  20. School Attendance Review Board
  21. Sierra Bank-Angels Camp
  22. Swendeman Hardware
  23. The Copy Center
- Rail Road Flat/West Point/Wilseyville/Mountain Ranch/Sheep Ranch
  24. Community Learning Center
  25. Community Revive and Relief
  26. Early Head Start Home Base
  27. Mountain Ranch Community Club
  28. Mountain Ranch Youth Alliance
  29. Rail Road Flat 5th & 6th Graders
  30. Rebekah Lodge
  31. West Point Rod and Gun Club

- 32. Women, Infants and Children-West Point
- 33. Women's Missionary Society
- San Andreas/Mokelumne Hill
  - 34. Alcohol and Drug Juvenile Offenders
  - 35. Calaveras Child Care Council
  - 36. Calaveras County Public Health Nurses Juvenile Justice Commission
  - 37. Calaveras County Service Providers (Networking breakfast)
  - 38. Calaveras Unified School District Probation Officers
  - 39. California Highway Patrol
  - 40. Government Center
  - 41. Juvenile Justice Commission
  - 42. Juvenile Probation
  - 43. Multi-Disciplinary Team
  - 44. San Andreas Elementary School Teachers
- Valley Springs/Jenny Lind/Burson/Wallace
  - 45. Head Start Parent Policy Council
  - 46. Head Start Staff (HRC)
  - 47. Jenny Lind Elementary PTO
  - 48. Jenny Lind School Teachers
  - 49. Jenny Wren Day School
  - 50. MOMS Group
  - 51. Valley Springs Elementary Eagles
  - 52. Valley Springs Elementary School Teachers
  - 53. VUSD Healthy Start Counselors
  - 54. Women, Infants and Children - Valley Springs
- Copperopolis
  - 55. Bible Study
  - 56. Copperopolis Elementary School Teachers
  - 57. Crossroads Church - ladies individual bible study group
  - 58. Food Pantry
  - 59. Historical Society
  - 60. Lake Tulloch Bible Church
  - 61. Moms In Touch
  - 62. Mothers of Preschoolers (MOPS)
  - 63. Yoga Class